



King County

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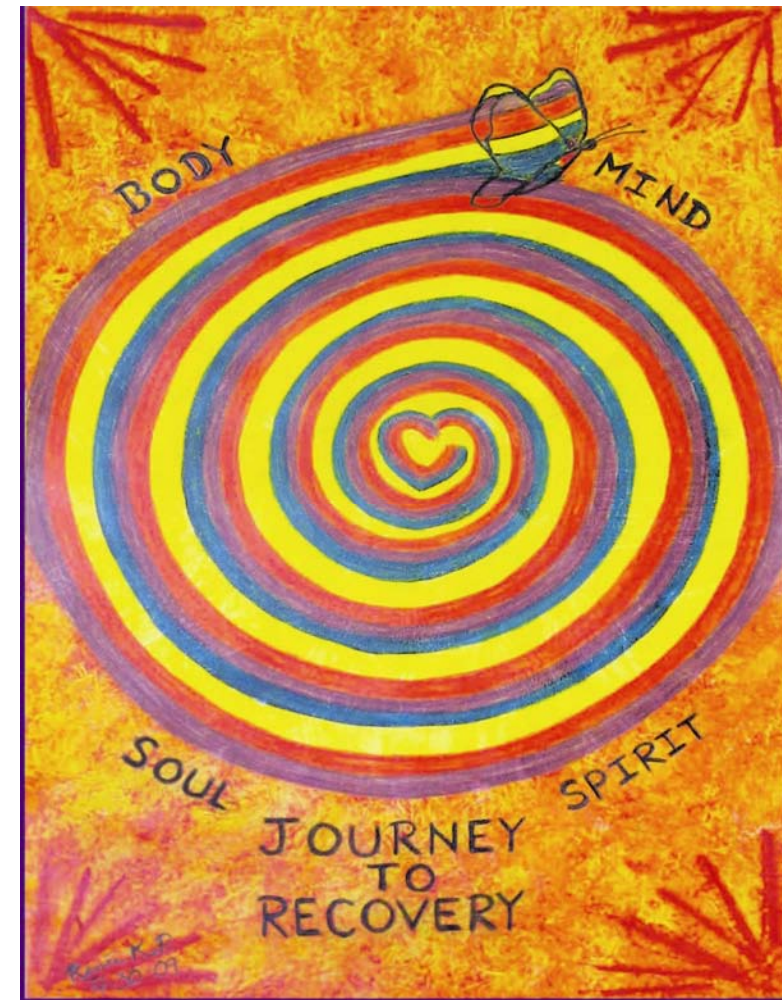
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King County Department of Community and Human Services

Success and Recovery

Stories from King County Clients



December 2009

Success and Recovery is a collection of stories from people who have changed their lives. All the stories are real. Some stories remain anonymous at the request of the person. When possible, and with authorization, we have included the real name and picture of the person.

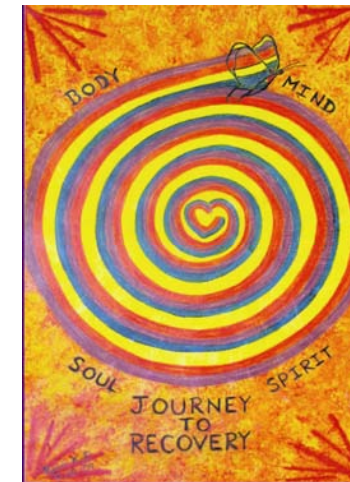
The stories are told by the person, usually without assistance. Although told separately and by individuals who represent the cultural, racial, ethnic, gender, and age diversity found in our county, the stories share a common bond.

Each story shows that recovery is a holistic healing process in which one develops a positive and meaningful sense of identity. Each story describes a process of building or rebuilding what a person has lost or never had due to his or her condition and its consequences. Each story acknowledges that recovery involves creating a life within the limitation imposed by that condition. Each story shows that recovery is a reality. It can, will, and does happen.

We who have worked on this project hope that you will enjoy the stories of success and recovery as much as we have enjoyed them. Our thanks go to those who have been willing to share their stories—we wish we had room to print all of them, because all of them are worthy of print—and to those who have helped in the recovery process.

Front Cover

The winning design of the 2009 King County Mental Health Recovery Poster Art Contest is featured on our front cover. The winner was announced at the 2009 Exemplary Service Awards Ceremony October 10, 2009 and the winning poster was unveiled. The artist is Renee Klause Pond.



Guiding Principles of Recovery

There are many pathways to recovery.

- ♦ Recovery is self-directed and empowering.
- ♦ Recovery involves a personal recognition of the need for change and transformation.
- ♦ Recovery is holistic.
- ♦ Recovery has cultural dimensions.
- ♦ Recovery exists on a continuum of improved health and wellness.
- ♦ Recovery is supported by peers and allies.
- ♦ Recovery emerges from hope and gratitude.
- ♦ Recovery involves a process of healing and self-redefinition.
- ♦ Recovery involves addressing discrimination and transcending shame and stigma.
- ♦ Recovery involves (re)joining and (re)building a life in the community.
- ♦ Recovery is a reality. It can, will, and does happen.

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Friends of Youth

Friends of Youth is dedicated to providing comprehensive outpatient counseling treatment services for alcohol and drug abuse and dependency. Friends of Youth offer prevention, intervention, treatment, and mental health counseling services to the youth and their families. These programs are funded in large part by the Washington State Division of Behavioral Health and Recovery (formerly Alcohol and Substance Abuse) with additional assistance from United Way, and both federal and private grants. These critical services address the unique issues that are present in our communities. During 2009 Friends of Youth served 188 clients in the substance abuse treatment program.

Friends of Youth has been serving clients, school districts and the community with prevention, mental health and chemical dependency treatment for the past 20 years in Issaquah, Snoqualmie and Duvall.

Alex's Story

Alex is a 17-year-old who was referred to Friends of Youth by one of the local area high schools. He was suspended after being found smoking marijuana on the school grounds. A search also found more marijuana, a pipe and some pills on his person. Alex had lived with his grandparents since age 7. Both his parents were addicted to methamphetamine and crack cocaine and were currently using. He had some contact with his father, but only limited contact with his mother, when she was not in jail. Alex had been drinking alcohol and smoking marijuana since the age of 14. He had also recently added using various prescription pills, psychedelic mushrooms, and ecstasy. Alex's grades were poor and performance at school and at home had deteriorated.



In the year that Alex attended individual, group, and family sessions at Friends of Youth, the more he continued to engage in treatment services, his life improved exponentially. He is now clean and sober, and he has passed all of his classes and joined a sports team at his school. Alex's grandparents expressed their delight and relief in the current relationship they have with their grandson. His fellow group members and friends also spoke of their pride in him as he graduated from treatment. Alex still stays in touch with his counselor and receives continued support.



Editor's Note: Donald is currently volunteering for a mentoring program at the Dutch Shisler Sobering Center that links alcoholics and addicts in recovery with those who are still suffering but contemplating treatment. He shares his experience and tells them what treatment was like for him. Should they decide to go to treatment he plans to reconnect with them after they return to take them to recovery support meetings and activities.

And Still I Stand, continued

My life became a series of traumas: I was shot, stabbed and beaten on the streets. I was drunk and loaded day in and day out. I was introduced to crack cocaine and overdosed again, this time by having a heart attack. I was still in my mid-twenties! But the cycle of homelessness, addiction, dereliction and shame continued for another decade. Cocaine and alcohol broke me in half. They stole my spirit and my dignity. At the age of 38, I was suffering from liver disease and had nearly died from a GI bleed. I was hospitalized at Harborview and during my stay there, I was contacted by a chemical dependency professional who offered to help me get into treatment. I said, “OK.” She referred me to the King County designated chemical dependency specialist and an application was taken for treatment at Pioneer Center North. I was given a bed date and when I was medically stable, I was transferred to Recovery Centers of King County detoxification facility. I remained there until my treatment bed date.

That was eleven months ago. I’ve gained some understanding of my own life and now have the ability to live inside my own skin and with my own mind. I still have nightmares and flashbacks from the life that I have shared with you. Shortly before my father died, he told me that I have two sisters outside my immediate family. I had a chance to meet one of my sisters before she died and I recently met a woman who I believe may be my other sister. I hope that we can have a DNA test done so we’ll know for sure. Most of my family is gone now. May they all rest in peace. My brother and I (and perhaps my sister) are the only ones left. My brother is still lost in the despair of addiction. To the still suffering addict I say: “If you are homeless and hopeless and feel like giving up; If you’re hurt because you’ve been disowned, criticized, labeled or put down; If your life has fallen down around you in your struggle to survive the pain of life, please know that YOU are worth saving! You can recover from the horrors of addiction and find a new way to live. I lived on the streets until I couldn’t go on anymore. I lost everything: family, friends, loved ones and, most of all, myself!

I thank all the people who saw my value and encouraged me to try again. Thanks to the staff at Harborview Medical Center, King County Chemical Dependency Involuntary Treatment Services, Pioneer Center North, the Chief Seattle Club, the Sobering Center, the REACH team, the Shelter Plus Care program and the Belltown office of the Washington State Department of Social and Health Services. It is because of you that I have finally opened my eyes to life after death.

And still I stand.

Friends of Youth

James’ Story

James was sixteen years old when he first came to Friends of Youth. He had been suspended from school for drug possession. James was not thriving in school and was having a very difficult time at home. He and his brother had been moved to their mother’s custody six months earlier when their father died. They had not seen her since James was three years old and the adjustment was complicated.

James spent over two years in our Friends of Youth program seeing a Mental Health counselor as well as a Chemical Dependency counselor. They worked with his psychiatrist and his family to adjust his medication and create a schedule to regularly administer it. The CD counselor worked with James over his anger issues which exacerbated his problems at home and at school. James was able to start eliminating his outbursts by communicating his needs and feelings.

At eighteen, James moved out of his house and attempted to live on his own. This was difficult, and the Friends of Youth Outreach program helped James get some temporary shelter, food, and help with clothes so that he could acquire a job. James is currently clean and sober, has stable housing and a steady job, and is enrolled again in school. He expects to graduate this year.



“The gem cannot be polished without friction, nor man perfected without trials.” -- Chinese proverb

Youth Eastside Services

Youth Eastside Services has been providing serves to youth and families for 41 years with treatment locations in Bellevue, Redmond, and Kirkland.

Youth Eastside Services is dedicated to providing comprehensive counseling services to youth and family, including substance abuse treatment and co-occurring disorders treatment, as well as connecting our clients with other community resources to provide the best support possible.

Three Success Stories from Youth Eastside Services



Mr. A. is a 21-year-old Caucasian young man who started using substances his sophomore year in high school, when the YES counselor first met him. He was heavily involved with alcohol, marijuana and cocaine and his addiction led him to selling drugs. He lived with both parents. His father, an alcoholic with Bi-Polar disorder, had a tendency to be abusive. After attempts at outpatient counseling, Mr. A. proceeded to inpatient only to come out and use more. After rolling his car and being cited with a DUI, he was ready to accept his addiction. He continued to participate in one-to-one counseling and became very active in AA and giving back to the community. This young man is now a senior at the University of Washington with three years of sobriety. He continues to give back to the community with presentations and sponsoring other young people. He has been recognized by YES as an ‘Outstanding Youth’ on two separate occasions.



Ms. B. is a 17-year-old African American young woman, who came to the YES counselor via a school referral, after being released from long-term inpatient treatment. We continued to meet at school as she reported being clean. One day she came in crying, stating she had not been clean and was using frequently. The YES counselor referred her to Detox for three days. She returned to continue outpatient treatment and has stayed clean for three months at the time of this writing.

my mother talked about killing herself. Sometimes she would do it while she had a knife in her hand. My brother and I would start crying. We fantasized about running away together to escape all the insanity. We just wanted our ‘family’ to have good times without any violence or pain. My mom finally made her getaway and took us to Seattle from Alaska. We ended up in Yakima with our Auntie. It was here that I learned to drink. My two older cousins would help us sneak out at night and we would go to parties on the “rez”.” I was in elementary school. Before long my mother took two of my brothers and went back to Seattle, leaving my younger brother and me in Yakima. Life in Yakima wasn’t any better than life in Alaska. There was lots of drunkenness and abuse. Eventually we were placed in foster care but we ran away, again and again. I started smoking pot with my uncle and having serious problems in school. I couldn’t seem to get along with my friends or my teachers. When I was nine years old I tried to kill myself by setting my school on fire. It didn’t work but it was very apparent that something was seriously wrong with me. I just wanted to end my life... the pain... the insanity. A pattern had emerged in my life, a cycle of drinking, partying and abuse followed by foster homes and running away.

I once ran away and went to Alaska to my grandmother’s house but I was so overwhelmed by the misery of my life that I tried to hang myself in the shower. This was my third suicide attempt and I had just become a teenager! The pattern continued in Alaska – drinking partying and abuse, being placed in foster homes, running away, getting caught, going to juvenile hall, back into foster care, running away, getting caught... over and over again until the State of Alaska decided to keep me in a juvenile detention facility until I was 18 years old. When I was 19 I learned that my ‘dad’ had died. I was torn apart and I went on a major drunk. I started using cocaine during this part of my life. The first time I used cocaine I overdosed and thought I was going to die.

That same year I got engaged and later married my wife. After we tied our hearts together the unthinkable happened. We had a son and named him after me. When he was four-and-a-half months old he died in his sleep from SIDS. Our marriage was seriously challenged by his death and we tried to save our love by having another baby right away. But our second baby, also a boy, was born with Leukemia and died within a short time. No amount of alcohol could quench the unbearable pain. My marriage ended and I started drinking 24-hours a day, seven days a week. I was also smoking pot and using cocaine. I became very emotionally unstable. I’d been a loner since I was a kid because I didn’t know how to be social. I’d spent so much life in juvenile institutions and foster homes that my family didn’t know me any more. Hell, I was 22 years old and had no idea who I was!

A Multi-Program Client Success Story: And Still I Stand

Written by Donald M. Demmert, November 20, 2009

Everything was loud...always lots of loud parties and different families. My mom was the greatest. She did what she had to do to take care of me and my brothers and she always tried to protect us and keep us safe. As a toddler I was almost shoved into a wood stove by a man I'll just call 'dad'. He was one of several men from my childhood that I called 'dad'. There was another time when I and my mother, carrying my baby brother in her arms, had to run down a beach while my 'dad' shot at us. He said he didn't love us and told us to run for our lives. I looked up to this person I called 'dad'. My early life was a series of traumatic experiences. I remember being beaten with a closed fist once because I didn't know how to tie my shoes. My brother and I had our share of beat downs. One time I woke up and my brother was crying. He was so small that he was still in diapers. My dad had my brother in his arms and held a pistol in his mouth. He was screaming at my mom that she should have made my brother shut up and none of this would have happened. I will never forget the look of terror that I saw in my brother's eyes. My mom was brave. She always had a solution to save the three of us. She was able to save my brother that day but she ended up taking a major beating. We lived in a shack in a remote village in Alaska. There was no protection from domestic violence in our world. My mother was once beaten so severely that she couldn't move because 'dad' was unhappy with her cooking. Eventually he went to prison. Life was pretty OK for awhile with different 'dads' posing as "just call me uncle." When I was six years old I had my manhood taken by one of my 'uncles'. My mother trusted him to babysit us but he repeatedly betrayed her trust. The sexual abuse continued from age six to age thirteen.

Then it happened that 'dad' was getting out of prison. Mom was really happy because she could finally get a break from doing what she had to do to keep a roof over our heads. For awhile 'dad' worked and tried to care for us. Then one day my Mom came home and hid me and my brother under a pile of dirty clothes while telling us both to be quiet. In the end he found us, first my brother and then me. I was pulled down the hall to the bathroom and beaten so badly that blood was everywhere. He asked me, "Do you love me?" In a stuttering voice I said, "Yes." He slammed my body to the floor and left me locked in the bathroom for hours until my mother found me. Between the physical abuse of my 'dad' and the sexual abuse of my 'uncle' I felt hopeless. Shortly afterwards I tried to kill myself by climbing up on the highest fence I could find and throwing myself down onto the concrete head first. I was seven years old! I

learned about death early in my life. On several different occasions, in front of me and my brother,



"Eddie" is an 18-year-old young man from a stressful home. His parents divorced when he was very young, and he grew up living primarily with his mother – an alcoholic with a personality disorder – and her second husband, who became progressively more abusive. Although very bright, Eddie struggled in school, both academically and socially. When he was in middle school, one of his friends was killed in a gang-related fight. With so much chaos in his life, "Eddie" became depressed, anxious, and withdrawn, and he started drinking.

Before he could graduate from high school, Eddie was arrested on alcohol-related MIP charges twice in quick succession. He was granted a diversion, and came to Bellevue's Youth Eastside Services for his assessment and a minimum of 10 counseling sessions.

Eddie completed his sessions promptly. By that time, he began to see how counseling could be beneficial, and he opted to continue. He resumed many of his old pastimes, such as reading non-fiction and keeping up on world events. He learned valuable skills to help manage his stress level and put together a clear list of goals. With his counselor's support, Eddie succeeded in finding employment. Through his success at Youth Eastside Services, he was able to connect with the Access To Recovery program, which rewarded his hard



work in counseling with gas vouchers and new clothes needed for work, as well as helped him create a budget and move into an apartment with two drug-free peers. With six months sober, Eddie returned to community college to finish his degree and pursue his passion for writing. He has developed healthy boundaries with his family and developed a variety of skills and supports to help manage his stress and maintain sobriety. Eddie is up for promotion at his job next month.

Kent Youth and Family Services

Kent Youth and Family Services provides professional counseling, education and support services to children, youth and their families in the community, developing innovative programs that meet the evolving challenges of our diverse community in culturally sensitive ways. The goal of Kent Youth and Family Services is to empower youth and their families to meet their needs while being committed and responsible to the citizens of the Kent and Covington communities. The staff of Kent Youth and Family Services has been dedicated to providing services for children and their families for over 39 years.

My Story, by B.B.S.

In May 2009 I was in a fight at school. My principal at school recommended that I go and get a drug and alcohol assessment. After the assessment, the counselor recommended an 8-week outpatient program. To get back into my school, I had to complete whatever was recommended. I was using pot and alcohol (if I had enough money for it).

So I came to groups at Kent Youth and Family Services. I wanted to get it over and done with and never be back there again. So I quit. The biggest challenge for me was hanging around my friends. All of my friends, except for about two, used. Hanging around while they used was kind of tough. But knowing that I would have a clean UA helped me through it.

One thing that I learned in the group was, basically, that drinking a lot can stop your gag response and so you don't throw up. That is how some people overdose. One reason why I wasn't doing so well in school is I would spend most of my time trying to get high and not doing anything else until that happened.

Now, I'm fine with my friends using and still saying no. That came from not wanting to be in another situation like this. Right now, I am aiming for not using. I don't know about the future. I need to be happy. That is, I need to stay clear of situations that make me angry or frustrated. Leaving the situation is a good way to handle it. For right now, I'm a junior and I am trying to get something higher than a 2.0 GPA. I have considered becoming an apprentice electrician when I graduate.

Dave was a great counselor. He had been in the same situation himself and knew what he was talking about. I felt that I was respected. Dave didn't talk to me like I was just this psycho-teenager. This wasn't true at all the

Due to length, my story does not mention all the mental health, substance abuse prevention and treatment providers we depend on. In addition to the abovementioned, these include: Sound Mental Health, the Bi-Corp/Co-Occurring Program, Impact, Access to Recovery, Drug Court, and Mental Health Court. These are just a few programs that deal with the residents we live with that have had a diagnosis of some degree of mental disorder that keeps them from functioning independently. There are many more still on the streets of Seattle doing illegal tasks to maintain the distorted quality of life they hold on to, not aware that there is help to promote and empower the lifestyle changes they need to survive, one step at a time. I would like to work with the county to help save those still suffering. The first step is to PLEASE KEEP THESE PROGRAMS ALIVE.

There are many more still on the streets of Seattle doing illegal tasks to maintain the distorted quality of life they hold on to, not aware that there is help to promote and empower the lifestyle changes they need to survive, one step at a time. I would like to work with the county to help save those still suffering. The first step is to PLEASE KEEP THESE PROGRAMS ALIVE.

"He who has health, has hope; and he who has hope, has everything." — Arabian Proverb

A Multi-Program Client Success Story by Mary

My name is Mary. I came to the Seattle area in 1985 from a small town in Alaska, as I had a degree in petroleum tech. I was on the rebound from a well paying job in that state, looking for the excitement that would come with the money I had earned. I found it alright, right to the streets, where people go when all their money is gone. I got involved with the drugs, the people, and the crime that comes with it. Not understanding that an early diagnosis with depression disorders would grow if untreated, my mental condition quad-tripled with many other mental disorders as I got older. I was determined to cure the now full-blown disorder. My life just got worse.

Not until the forced intervention brought me to a screeching halt was I able to realize how out control I really was. After many return visits to King County adult detention, I was able to acknowledge the help I need though the C.O.D. Program for people with mental health and chemical dependency disorders. Only then was I able to receive the treatment needed for the journey that would bring me back to reality.

The Mental Health Program that is in-house at the King County Correctional Facility for adults offered an option of going though a 12-month outpatient treatment with Community Psychiatric Clinic (CPC). It was rough at first with all the commitments and brain functioning demands made one with brain dead behavior, but it all caught on. I learned how my mind was playing a part in my addictive behavior. I could put what they where telling me together and see that I had to alter my lifestyle and why of thinking, now and forever.

It will be 3 years in January of this year that I can say that I have been on a most miraculous, spiritual, and passionate road to recovery. I have graciously been blessed to go down this road with my peers that are so valuable and precious to me, because I know each one of us can recover with the help of above-mentioned programs and people like myself that have completed and graduated from the treatment. But we still need the support and knowledge that the professionals can offer to keep our conditions under control. I live in a house where I can help empower those behind me continue to seek the help they need. I am being certified for a Peer Support Specialist which is being offered though the county. I pray that they do not cut any of these supportive, consumer-based programs through the Mental Health, Chemical Abuse and Dependency Dept. This department allows one of the most vulnerable populations of people to receive the help they need to be productive members of society. I know. I am one of them.

My Story, By E. J.

I was working at Taco Bell and I had recently quit smoking marijuana. But everyone there—all my co-workers—were peer-pressuring me to smoke with them. It was easy to smoke again. I was smoking for I guess around three months. Me and my best friend got caught by security at a store and were arrested for shoplifting. I went to diversion three months later and they decided to send me to Kent Youth and Family Services. I told the truth about using and got put in a twice-a-week group. I was ready to give it up again. I learned how to say no to friends and keep them as friends. They can use and I don't have to use with them.

Since I quit, I am passing all my classes right now. I have a daily schedule so instead of kicking with my homies and using every day, I just study or go to the gym.

I would recommend the group at Kent Youth and Family Services. I felt like it was an open environment and I could say anything. I liked Dave. He was cool....he wasn't judgmental cause he's been there. He didn't give lectures.

I am not going to go back to smoking pot. I want to be a police officer and weed is not in my future!

Drug Court Success Story #1, Carlos

Carlos is a youth who was involved in the legal system on various drug-related offenses. He entered the Drug Court program in 2002. Carlos did not attend school, was gang involved and had no stable living environment. After showing up to court under the influence of alcohol, Carlos was placed in detox and then in an in-patient facility where after 30 days he requested to stay another 30. After those 60 days he asked to stay another 30.

Carlos returned to the community clean and sober and ready to make a new start. He enrolled in a private alternative school where he remains today. He is no longer involved in gang activity and has reunited with his mother and twin sister. He is very successful in school and received an award for his artwork in 2004. He was also asked to provide art for the Drug Court's five-year celebration and was a speaker at the event. Carlos is proud of what he has accomplished and currently works two part-time jobs, attends school and has purchased his first car. Carlos graduated from the Drug Court program in 2004.



Drug Court Success Story #2

Mike Chilson_ A success story

I was born In Denver, Colorado 26 years ago. I was born to a severely addicted mother who was living on the streets at the time of birth. Emediatly given up for adoption I was adopted finally adopted at the age of 3. In the beginning we moved around a lot from Colorado to California finally to Hawaii were most of the problems started.

The people around me first started to see the mental health issues appear around the beginning of the Fourth grade. Things started to get really bad then. I also started to drink at this time. The pot smoking came soon afterword. I never really had any friends all ^{thru} the earlier years and high school. This contributed a lot to my actions and drug abuse. I got busted for under age drinking and that was my first and certainly not my last run in with the law.

Fast forward to 1999 this was the year that we moved to Washington state. Here the real problems began. To make a long story short it whent like this. 10 years on the streets, 12 try's at treatment lots of stints in jail including one stay of a year in Yakima county. I used almost every drug imaginable. I used meth bryn way of the needle. ^{for the whole 10 yrs} At the end was deep into Crack Cocaine. It was a very cold snowy winter in early 2009. I was tired and ready to get sober but too chicken to turn myself in to A treatment program. So I knew I had a warrent for possession. So I waited till I was hooked up for that warrent. I was given the opportunity for Drug Court and I figured this was ~~my~~ my chance. That was in January 18, 2009. It's now November of 2009. And I am just over 10 months sober. If it wasn't for Drug Court I would not be here. And I certainly wouldn't be going to hang out with my family this thank giving

When 12-year-old Katherin started coming to childcare she was behind on her school work and felt overwhelmed. She liked coming to childcare to be with Miss Hilda, one of the programs Childcare Providers. Hilda also works at Katherin's after school program at Showalter Middle School and she's a role model for Katherin. They worked closely together in childcare for several weeks and now Katherin is caught up and feels good about school.



Victor is pleased with it. He's not so good with the homework in English but he excels in math. He teaches Katherin that solving math problems is like doing magic. She nods her head in agreement.

Life can be tough as a single father. At night after he's put the girls to bed and they are asleep he goes out on the balcony. He says he sits and thinks and thinks and sometimes he cries. He found a family counselor for himself and the girls. The counselor works on communication with them and gives them exercises to do at home. He thinks it is helping his family.

Through the parenting classes he has met other fathers, has discovered new resources and feels he can talk about his life with people who care. Along with most of the other 20 parents in his class he plans on bringing his girls to the RAYS Holiday Festival on December 19th. There will be wrapped gifts for the girls, an abundant buffet, arts and crafts, singing, entertainment, door prizes, Community Resource booths, face painting and a picture on Santa's lap.

Renton Area Youth and Family Services: Parenting For Success
The Pimentel Family Story

Victor Pimentel met the love of his life Rosa Rodriguez in Mexico City where they later married. Work in Mexico became scarce and Victor moved to Los Angeles in 2001. He worked there as a hydraulics system mechanic, did well financially, and was able to move his family to LA.

They were there four years. Rosa had a sister living in Seattle and the family moved to Tukwila in 2005. Victor worked two and three jobs including restaurants, auto mechanics, small motor repair and home repair to make ends meet. He is currently the maintenance man for four apartment complexes in south King County.

Victor says, “It was my job to work for my family and Rosa took all the care of the girls and the home. I worked and slept and made sure every thing was nice in the home for Rosa. We went out for dinner dates and had fun too. Anything she wanted I did. She was a good woman.”

Rosa was diagnosed with cancer in December of 2008. Surgery was preformed and they discovered the cancer had metastasized. Rosa died in April of 2009. She left behind Victor and their two daughters Katherin 12 and Rosa 7. “When Rosa was here she didn’t like me to work so much. Now I have to do it all. I can’t work nights anymore because I have to be with my girls. Things are tough now.”

Victor says that coming to the Parenting For Success classes is a step he is taking to be closer to his daughters. The classes have helped show him how to be like a Dad. Katherin shared that sometimes she raises her voice at her Dad and he raises his too. Victor acknowledges he learned in class that his normal voice is deep, sounds stern and naturally loud. He discovered it bothered the girls and he is aware of it now.

While the girls miss their mother, Katherin says she knows her Dad “really cares about us.” Rosa loves her Dad and she likes that he took her to Chuck E. Cheese, cuddles with her and when she was little he took her to Disneyland. Katherin likes her Dad’s humor and how he tries to make things nice for her and her sister.

While her Dad is in class Rosa is in childcare doing her favorite thing, arts and crafts projects and reading books.

Drug Court Success Story #3: To Whom It May Concern

My name is James K. Henderson, 10 years ago I was a successful business person, I worked for a larger electrical steel distributor as a regional salesman and owned a retail wine store outside of Chicago. Due to a divorce, I lost my home, business, and quit my job. I developed depression symptoms and soon began using drugs on a regular basis. I became homeless, and drugs and alcohol were my sole priority.

I soon learned that I was addicted to drugs, more than recreational use. It was a downward spiral that I gave up on life. Decidedly, I was accepting the fact that I was never going to amount to much. I was going to use drugs and commit crime to get them.

It wasn’t till one day in March of 2008, I was arrested on a delivery of controlled substance charge. That day changed my life—for the better. Upon going to court, I was given the option to face jail time and a conviction charge (felony), or to attend Drug Court. I made the decision to participate in Drug Court.

Drug Court’s requirement was to attend 3 AA meetings a week, attend class at C-CAP and Intensive Outpatient classes at Harborview Hospital. Also, submit 2 random U.A.s a week, monthly check-in with the courts. This process with me meeting all requirements I would graduate approximately in 11 months and my felony charge to be dismissed allowing me to be drug free and to pursue employment without a felony charge.

Well, I guess I was successful. Today I am forever grateful for these programs. I am drug and alcohol free, I am not homeless, I have a job with the Seattle Conservation Corps, and I pay my own way in life. If it wasn’t for these programs offered to me in early recovery, I think I would have been a debt to society. My Intensive Outpatient training at Harborview, along with Don Martinez, therapist (Harborview Addiction Program) where I was educated toward the use of drug and alcohol, I would not be the recovering addict but a burden on society. Please keep these programs funded. As you can see by me writing this letter, they work. Thanks to everyone who put so much time and effort in my recovery. Yours truly, James K. Henderson

(Look for more Drug Court stories ahead.)

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Central Youth and Family Services, “Chance to Change” Program

Therapeutic Health Services was founded in 1972 in the heart of Seattle’s African-American community. Today, there are seven branches, including Central Youth and Family Services, offering a full-range of treatment services for families affected by alcohol/substance abuse and mental illness. Our experienced and inspired staff includes licensed counselors, chemical dependency professionals, mental health providers, physicians, nurses, acupuncturists, advanced registered nurse practitioners and psychiatrists throughout King and Snohomish Counties. We currently serve clients as young as seven and as old as 80. Forty-nine percent of clients are between the ages of 41 and 65. Chance to Change is a program for transition age youth (18 to 24 years old) who addiction has lead to criminal justice system involvement.

Client Success Story

My journey towards the life I live today started with my last stay at RJC. Looking at a 22 month sentence and struggling to get into Drug Court, things didn’t look like they were going to go my way. The only thing I could do at the time was to brace myself and my family for the outcome of what I was ahead. Disappointed and embarrassed of my poor decisions which lead to where I stood, I had no other choice but to break the news to my mother, brothers and most importantly the mother of my new born son, who I have yet to hold for the first time. To me, I felt that was the lowest part of my life. I shamed my mother and myself by not being the responsible son she tried to raise, not being a positive role model for my younger siblings and almost not having the chance to be the father I am today to my children.

With a whole lot of luck and my family still showing their support when I appeared in court, I stood in front of Judge Sinclair. Dressed in tube socks, sandals and all red scrubs; he looked at me and then at my folder in front of him and then to my family behind the glass and made the decision to accept me into Drug Court. The relief I experienced was unexplainable, I was given a second chance to right my wrongs to prove I am that responsible son to my mother; I can be a good role model for my siblings and most important I will be best dad I can be to my children.

Now out of jail and released into DDC, I was told I would be attending CYFS and joining the “Chance to Change” program for young adults ages 18-24, which I couldn’t be happier with. Not because I knew anyone there, but for the fact that I was with people that were my age and might be able to relate to more, which indeed happened. Although it did feel like school at times and we were all there bound by the court system.

Personally it gave me some type of structure in



Indeed, the entire family has benefited from the classes. “We were raised one way by our parents and this class presented us with a whole new method of parenting,” Jose Antonio shares. “This class has taught me how to take time for my kids and has improved our family communication. The program is good in every way.” Even young Emmanuel has gotten into the routine of supporting his mother when he notices her stress rising. “Mommy, remember—breathe,” Elizabeth mimics Emmanuel’s recent comforting words.

Renton Area Youth and Family Services: Parenting For Success

“Parenting for Success” delivers 12 weeks of free three-hour classes for families and caregivers. Many of the families come from diverse, disadvantaged and crime ridden neighborhoods including Renton, Skyway, and Tukwila. This parenting education program welcomes the whole family to participate by connecting them with community activities, improving parent-child and family interactions, and helping children build self-esteem, self-discipline, and social confidence.

Our goal is to decrease family and community violence by improving family functioning in three ways: a) increase family bonding, b) increase management skills, and c) increase community/school involvement. **Our curriculum** is “Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program.” RAYS delivers this evidence-based program with fidelity in both English and Spanish. The program targets ethnic and culturally diverse parents who are interested in raising children with a commitment to leading a violence-free and healthy lifestyle.

Parenting For Success is supported by King County DCHS, MHCADSD Alcohol and Other Drug Prevention Program, with federal block grant funds received via the State of Washington DSHS Division of Behavioral Health and Recovery. The program is also funded through foundation grants. This program received the **2005 Washington State DSHS/DASA Exemplary Award for Prevention.**

The Bernal-Garcia Story

Elizabeth Bernal, her husband Jose Antonio Garcia, and sons Emmanuel, age 4, and Matthew, 5 months, attended a Spanish speaking parenting class in Tukwila. Elizabeth

“I am gaining my son’s trust,” says Elizabeth as she describes the most precious outcome from the class.

said that she felt freer among her own culture, which makes it easier to realize that other parents were experiencing the same difficulties.

The classes increase her comfort level due to the class being held in her native language. This also has helped Elizabeth to quickly build her parenting skills. “I am gaining my son’s trust,” says Elizabeth as she describes as the most precious outcome that she received from the classes. Elizabeth entered the parenting classes determined to improve her ability to use positive discipline with her children, “Since beginning the class, I haven’t even yelled at my sons once.”

life, it gave me something to do with my week. This in turn kept me from having any free time or a chance to get into any trouble. Between treatment, calling, and having to stay on top of my own UA days, court dates and a new family, my time was definitely occupied. Not to mention the great choices in counselors that are there now as well as ones that were previously there. For me, the stories of the counselors and their own experiences help with putting a lot of what they said into perspective. I was able to relate to them where I wanted to listen and follow their advice, and sometimes show them that I have the potential to take it above and beyond with the right opportunities.

One thing I appreciated about the “Chance to Change” program, is they were not only involved with drug and alcohol rehabilitation, but rehabilitation on our lives. This included assisting with how to go about receiving benefits, housing, and employment. Of course, there was a process to be able to gain employment, but the help was still there. As a new father, I took advantage of what the program had to offer. Through the program I learned all the necessary tools I needed to keep my life on the straight and narrow, and to be able to take it as far as I want to go with it.

Today, I can say that I have come a long way. I have learned life lessons that will never leave me, tools for success that I will never forget, principles and morals that I apply everyday of my life. Now, I am a medical assistant working in the medical field towards a career as a registered nurse. I haven’t accomplished all my goals, but still working towards them. A father of two beautiful boys and engaged to a loyal, beautiful woman who has been there for me from the beginning till now.

All together, I have nothing negative to say about the “Chance to Change” program at CYFS. Honestly, I can’t thank them enough, considering 2 years after I was complete with the program the staff were still generous enough to put in some good words for me.

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Integrative Counseling Services

Gina's Story

My older sister, sick of my dad's abusive temper, left for Italy when I was young. Although we were never close, I longed deeply to have a strong relationship with her. For her to protect me, to shed light on my problems. Shortly after my sister left, my Uncle committed suicide, a memory that has since rendered me unable to sleep through the night without gut-wrenching nightmares of him pointing a gun to his head and pulling the trigger.

I lost track of my life after that. Hung around the wrong crowd, provoked my father till our time together would end in fist-fights. I stole things, I yelled, I drank till I vomited and then drank more till my throat was raw--I did this a lot. I couldn't control my moods. I cut myself, and burned myself, often. I was entirely too wounded to know that I was a person with a life worth living. I ran away to NYC when I was 17, living in the Salvation Army Women's Shelter for a few years. For a while, I actually applied my talents and made a few short videos, but my battle with severe Manic-Depression and

Anxiety overshadowed my creativity. Soon after, I busted my knee up and landed in the hospital. After being fed opiates by the handful during my inpatient stay, I became addicted to a variety of street opiates when I was released.

Then I was raped by two men on Halloween when I was 19. In a fit of rage and withdrawals, I tried to slit my wrists with my keys. When this proved futile, I overdosed. I ended up in the psych ward in NYC with no family by my side. The docs called me Borderline. Depressive. Manic. Agitated. Addicted. My thoughts were obsessive: heroin, money, sex for heroin, money, and what I called zoning-out times, but what the doctors called dissociation from Post Traumatic Stress Disorder. My dad tried to kill himself that year, spinning images of my Uncle's death into a real fear of my father following suit.

Things looked bleak until my sister called me one day from Italy. She told me she had been trying to reach me for days to say that she had gotten married but that I wasn't around or wouldn't pick up the phone. She was right. I was passed out somewhere, high and unresponsive. When I heard I had missed the whole ordeal, her engagement, the ceremony, the party—missed it all—I felt a void in my

“I am hoping you will hear my story and not be frightened, but instead see a person who has been through a lot. . . .I just need to be given a chance to Succeed.”

That's why, after participating in a four-week Parent Support Group, she signed up for a 12-week Parenting for Success class, also through RAYS. “I really got a lot out of it,” she says. “The class gave me some structure. My style of parenting was simply based on trying to avoid some of the mistakes I made in my own upbringing.” The support group has reduced her isolation and given her a sounding board. “Being a single mom, I really don't have a place to go to talk to other grownups,” she says. She laughs now when she recalls her first meeting. Fresh from a disagreement with Courtney that had her “at her wit's end,” the emotions flooded out of her when it was her turn to talk. That night she was able to have a calm conversation with her daughter and tell her she loved her. “In the support group, it's great to hear other people's stories and know that you're not the only one who's totally flubbed,” she says.

Billie McKibben, Parent Training Coordinator with RAYS Family Support and Prevention Services, says Gwen's enthusiasm and willingness to share “opens the door” for other parents. “Gwen takes these positive discipline techniques and uses them with her kids and then comes back to the group and talks about how they worked or adjustments she made to fit her family,” Billie says. “She's a leader.”

She's been a role model for her children as well. All are attending Renton schools with plans to go to college. (Courtney is an honors student.) All are talkative, funny, and animated, like mom. “She's really accepting and trusting,” says Kayla of her mother. “I'm not afraid to tell her anything.” Dean agrees. He and Courtney recently got to go on a school trip to Washington, D.C. It was expensive, but Gwen found the money to send them because she wanted them to have the experiences she never had. “My mom inspires us,” he says.

As a result of friendships Gwen made through RAYS, she started a Women's 12-Step group for women at RAYS Family Support and Prevention Services Family Center.



Renton Area Youth and Family Services (RAYS)

Founded in 1970 **Renton Area Youth and Family Services** successfully provides services in some of the state’s most diverse, disadvantaged and crime ridden neighborhoods including Renton, Skyway and Tukwila. In addition, the **Parenting For Success Program** has delivered evidence-based classes to Title I schools in Renton, Tukwila, Kent, Auburn, Des Moines and Maple Valley. South King County service organizations, schools and the Division of Behavioral Health and Recovery have come to depend on this service.

The **Parenting For Success Program** operates from **RAYS Family Support & Prevention Services Family Center** located in Skyway in unincorporated King County. **RAYS** also provides Child & Family Counseling & Mental Health Services, Youth Substance Abuse Treatment Services, Agency Based-School Based-Community Based Case Management and Community Support and 24 Hour On-Call Crisis Services. **RAYS Administration and Counseling Services** are located in downtown Renton.

Success story: Single Mother of 3

The real turning point, says Gwen Wohlers, was when she finally got her kids back after two years of wondering if she would ever see them again. She had been struggling with a methamphetamine addiction when her ex-husband vanished with the three children in 2001. Over the next year and a half, her life slipped deeper into chaos. Repeatedly, she tried and failed a court-ordered recovery program. For a time, she was homeless. For a time, she despaired.

Then her final attempt at recovery stuck. She had managed to stay clean and sober for six months when she got the call that changed everything. It was her ex-husband. Her children were coming home to her. Now Gwen is not only drug-free and stable, she’s become a role model for other moms and dads involved in a RAYS Parent Support Group in the Skyway area. “I can never get that two years back,” she says. “But I can make the most of the time I have now.”

On a recent evening, her kids Dean, 14, and Kayla, 16, strum guitars in their cramped basement home, while Gwen, still in her work clothes, joins in singing. Dean’s twin, Courtney, is away on a babysitting job, but Gwen calls her to see how she’s doing. “I want to be the best parent I can be,” she says.

chest that I thought would sting forever. She had shut me out, and I couldn't really blame her. However, I could sense in her voice over the phone that she had not given up on me entirely. She told me how much she missed me and that one day she hoped I would come live with her there.

This call changed my life. I found a counselor, Scott and Annette at Integrative Counseling Services. By working their program I have gathered enormous strength from not only them, but also the support group I attend at ICS. I now have stable housing. I have 40 days sober. I am very proud of my sobriety.

I called my sister recently and told her about the program I was in. My sister said my transformation made her really happy and hopeful for me and although there is resentment still on both our sides, I too am hopeful we might have a future together as sisters and as friends. I now have a long-term dream to go to school in Italy and be near my sister. Start a new life, but remain who I am: someone with a complicated past but with no need to fear it.

I am hoping you will hear my story and not be frightened, but instead see a person who has been through a lot. Like my other group members at ICS, I have a good heart, a strong soul, and a passion for life. I just need to be given a chance to succeed. Your financial assistance is making that possible.



Alpha Center for Treatment

Alpha Center for Treatment in Bothell provides adult outpatient treatment for alcohol and drug addiction to North and East King County, as well as South Snohomish county. It is a for-profit agency and has a mix of private pay patients and patients who are funded by the Washington State Division of Behavioral Health and Recovery with funds for low-income citizens. The majority of patients are working people who have low income and no health insurance. During 2009, the first year of the program, more than 40 individuals received treatment services using these funds. These are people who would not have qualified for other funding programs because they have jobs.

Alpha Center for Treatment has been providing alcohol and drug treatment services to the community since 1994, with treatment locations in Bothell and Monroe.

Brian's Success Story

Brian is a 22-year-old young man who began drinking around the age of 18. his alcohol use caused him to get two MIPs, one in 2006 and one in 2007. In August of 2008 he got his first DUI. Brian got an assessment where, as he says, he "lied a lot" and was diagnosed as an alcohol abuser. He started the Abuse group at this agency, but he was unable to remain abstinent while in that group. He was re-assessed as alcohol dependent and was referred to intensive outpatient services. As part of the process of moving into a higher level of treatment, Brian was asked to write a paper for his counselor, describing how he thought alcohol had affected his life.

In Brian's own words: "It all started when I was about 18 years old and I started drinking occasionally. You know, just the usual couple of beers at a party, nothing special. But then, over the course of the last 2 1/2 years, it just kept getting worse and worse until I finally got two MIPs and one DUI. That's when I had to come to grips with the fact that alcohol is just burying me in a hole that I need to get out of before I get in way over my head. . . .When I started these alcohol classes, I thought of it as just some boring lecture I had to listen to for the next six months and that I already knew everything that they were going to tell me. It turns out that I don't know everything, and that whether I want to accept it or not, I can see that I have to change things to make my life better. . . .I can see that alcohol has done a number on my life and on my family, as well."

①
I'm a better man today than
I was yesterday, ~ when I wake
up tomorrow I'll be a better
man tomorrow than I was today,
no one's life is over, and it's
never too late to become who you
might have been.
I've looked - I've felt - I've found
I've watched - I've listened - I've learned
I've come - I've seen - I've conquered.
we can uncover anything - ~ -
we can understand everything about
ourselves - but only when you get
within yourself - and take a good
look and with Brutal honesty, you
can fix the broken bones, the heartaches,
the pain, misery and all past traumatic
memories then heal.
my mission at present is to give back to
whoever has need of a key which
allows you to see peace.

"No one's life is over and it's never too late to become
who you might have been."

—Golem I'veimisim

③

I saw how Thoughts like humans, dogs, cats, and birds re-produce after they're kind - negative trains of Thought i.e. worry, fear, ect, have an extra element which combines my emotions with Fear, worry, ect, - so I derail negative trains of Thought - and I start a new embryonic train of positive Thoughts. The insights, all the counsellors counsels, all the psychotherapy finally was put into practice, i.e. I started applying principles, truths, any words I combined for positive thinking exercises, became my powerful embryonic manifesting affirmations. I'm a success in progress, god ~~and~~ in his mercy finally woke me up to a very humbling truth - I had given a mental accent to all good things, principles, truths, ect, but the true understanding of my accumulated knowledge was finally understood by reason of applying i.e. a willful act, I never found any proof in any pudding I ever ate - but I've found all the proof I need in becoming a doer -

Brian is a single father who has custody of his two-year-old daughter. Alcohol played a role in the breakup of his relationship. When Brian came to our program, he had been unemployed for more than two months. He now has a stable job with a reputable construction company and is respected part of the crew. He says he no longer comes to work "smelling like booze" and having his boss mention it to him. He says his relationship with his daughter has brown better "exponentially" since he has become sober. Even at age two, she can tell the difference in him and now wants to be with him all the time. He says he is no longer angry, frustrated, and impatient with her, or with others. He has learned to have a civil relationship with his ex-girlfriend (the child's mother) without judging her, blaming her, or taking her inventory.

Brian is not sure what else he wants to do with his life, but he knows that he now has a bright future and can do anything he puts his mind to. Most of all he knows he is already on the path to becoming the kind of father his little daughter deserves to have.



Alpha Center for Treatment

Erica's Success Story

Erica is a 22-year-old woman who has been using drugs and alcohol since the age of 14. At age 16 she became estranged from her family and moved out of her parents' home. She started selling marijuana to her friends in her high school. This resulted in her being expelled from high school. By the age of 17 she was using alcohol, marijuana, cocaine, LSD, and ecstasy. By age 18 she was employed by a restaurant and had worked her way up to shift supervisor. She began dating her boss and was fired from her job. In spite of her heavy drug-use, Erica soon landed a very good job with a major hotel chain. She worked her way up from part-time to full time within a year. She was making a lot of money and spending it all on drugs. Her job was going well, but her personal life was out of control. She had begun to gain weight and was up to 275 unhealthy pounds. She had acquired approximately 30 civil violations of one kind or another. She had nine tickets for possession of marijuana and paraphernalia and more than 20 various traffic violations. She had her drivers license suspended for one year. She has been in almost every jail in King and Snohomish counties. Erica had been at her job for about two years when she decided to have a party in a guest room at the hotel. The party involved drugs and alcohol. And resulted in Erica being escorted off the property and being fired from her job.

The courts had requested that Erica have several drug evaluations and she always brought in urine for the test she knew she would have to take and lied to the assessor so she would not be ordered to treatment. Her luck finally ran out (or it finally began) and she was ordered to treatment. She entered treatment at Alpha Center on March 3, 2009, age the age of 21, but she still wasn't ready to stop using. She became involved in her treatment group and with AA. With the support of both, Erica says the drug soon began to lose its glamour." Erica says that as her mind began to clear she could see who she had become and did not like it. She last used drugs on March 16, 2009.

Today, Erica remains in treatment and still involved in AA. She continues to learn about herself and her disease. Today, she is happy, healthy, and weighs in at a comfortable 140 pounds. She has begun to help other women who are trying to get clean. She has regained the trust and support of her family and has made many new sober friends. She has a new job that has gotten her involved with some of the grass root politics in her community. She has developed some new goals in life. Her new goal is to back to school soon and study law. She wants to become a Public Defender someday, and there is no doubt that she will achieve her goals.

②

I was going to kill myself or someone else, I couldn't take The Guilt, The pain, or anything anymore - I lived in discovery park for three straight years, I was desperately trying to save my life, by looking for answers - I looked everywhere I could imagine - Then in an act of desperation I screamed at god for hours trying to get him to help me, This occurred many times over the course of my three year quest for change - a drug counselor said one day in a group session that it takes brutal honesty to get better, Those words became a visual element key - which opened up the eyes of my understanding - and I looked within and I saw who I had become, why my thinking processes were almost all cognitive distortions, -v- my reactive behaviour -v- how childhood traumatic memories were the hidden force that was driving me deeper -v- deeper within a place ~~where it was pure~~ madness, ~~pure~~ pain, loneliness. I became aware of words i.e. living embryonic words - I saw the train's of thought that ran thru ~~the~~ my gray matter -

Community House Mental Health Agency

Embryonic re-assembly required
 (P)

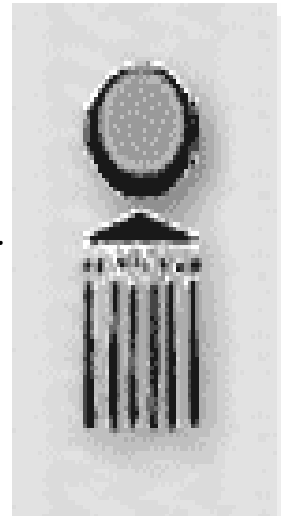
my name is Golem I've imisim!
 This is my story - my mother was very abusive, she was starting to loose whatever she had left of her motherly love for me - & - my sister. I won't dishonor my mother by going into graphic visual details. Then one day my mother tried to commit suicide - & - my little sister saw blood streaming from one of her wrists. I called 911 from a neighbors house - & - my sister and I were put in a foster home - Finally I was forced into a group home, my sister was allowed to go back to my mom. They said she couldn't care for both of us, I started getting angrier, meaner, ~~and~~ confused, scared. I would physically attack anyone who bothered me for no reason - This landed me in various juvenile institutions. Then finally two tours of the Penitentiary - when I got out the culture shock of being free was almost overwhelming - I took drugs, I drank, I did anything I could to not have to think or feel any pain - after two failed marriages, and a thirteen year relationship - I went to discovery park -

Seattle Indian Health Board

The Seattle Indian Health Board (SIHB) is a non-profit, multi-service community health center chartered in 1970 to serve the healthcare needs of American Indians and Alaska Natives living in the greater Seattle/King County region of Washington state. SIHB offers healthcare through clinical services, community, chemical dependency inpatient and outpatient services, outreach, clinical support, and traditional Native health services.

The Program

The Native American outreach specialist position is a new position which began June 2009. It is estimated that the Native population utilizes services of hospital emergency rooms, the sobering center, and the detoxification center at a rate of 5 to 7 percent higher than that of the general population. Therefore, it was determined that there is a need for chemical dependency outreach services directed toward Native Americans. Often those who are chemically impaired are unable to follow through with appointments and treatment recommendations. This position looks to reduce the barriers to those seeking treatment and assistance. The Native outreach worker works out of locations specific to at-need populations (i.e., the sobering center, Chief Seattle club, and several agencies) in order to assess those who might not otherwise access services.



Client success Story

T. H. is a chronically homeless 38-year-old Lakota male. He reports that his family has a history of alcohol and drug addiction. His first drink was at age 9. From 6/1/09 until 8/28/09 when he entered into treatment, he utilized the Dutch Schuster sobering center 68 times. He had many medical issues as a result of his continued drinking. He had used community hospital services 4 times and had been charged 3 times with criminal trespass. Despite his desire to enter into treatment and stop using, he was unable to follow through with appointments for DSHS assistance and chemical dependency treatment assessment. By having services available to him at the sobering center, he was able to complete his assessment and make it to treatment. He is currently in long-term treatment at Thunderbird Treatment. He has 3 months sober, and he plans to continue with outpatient treatment and enter into clean and sober housing.

Asian Counseling and Referral Service

Asian Counseling and Referral Service (ACRS) is a nationally recognized nonprofit organization offering a broad array of human services and behavioral health programs to Asian Pacific Americans in King County. ACRS is the largest multiservice organization serving all the different Asian Pacific American communities - immigrants, refugees and American born - in the Pacific Northwest.

Success Story #1: Mr. P

“Mr. P,” age 27, was born in Vietnam and immigrated to the United States with his mother at age 8 after surviving four developmental years of his life in a refugee camp. He was raised by his divorced mother, along with half-siblings. According to him, his mother frequently had boyfriends over, which made home life uncomfortable for him. He “could not find a place in the family” and always felt like a burden to his mother. He started drinking at age 14 and using marijuana, ecstasy, and cocaine to “fit in” and mask his sadness and feelings of inadequacy. He joined a gang looking for a sense of “family,” and before long, started delivering and then selling drugs.

Mr. P. served his first prison sentence at age 18 and was incarcerated for 27 months. This is the beginning of a senseless string of nearly 20 arrests, serving three prison sentences totaling seven years of his young life in jail. “I had no other skills to make money. Selling drugs was the only way for me to bring food to the table,” he explains.

During this period of incarcerations, Mr. P. was diagnosed with paranoid schizophrenia. His concurrent use of drugs caused him to feel tense, guarded, and suspicious that others were plotting against him. After his most recent prison sentence, Mr. P. was transitioned to inpatient care at SeaMar. During his inpatient stay, he searched for outpatient services he could culturally relate to and found ACRS.

Mr. P. started attending ACRS’ co-occurring disorder Intensive Outpatient Treatment Group for individuals with both mental illness and substance addictions. He was assigned a treatment counselor who understands his refugee family experience and a peer recovery counselor who has experienced similar challenges in his own path to recovery. Through ACRS’ culturally relevant treatment and recovery services, he has gained relapse prevention skills and maintained his sobriety since April 2008. He obtained his GED in June of 2008 and has been living in clean and sober housing since November 2008. Currently, he is attending classes 5 days a week at Green River Community College and is determined to get his Associate Degree. His ACRS counselor has helped him to obtain a work permit, which will enable him to earn an honest living.

Community House Mental Health Agency

Community House Mental Health Agency, located in the Capitol Hill Neighborhood of Seattle, has been proving services for clients with mental illness since 1969. It provides board and care to over 300 adults with mental illness and/or developmental disabilities. Community House operates eight separate facilities ranging from a walk-in day treatment center, dormitory room and care, supportive housing and independent apartments. Community House clients are formerly homeless or are high risk for becoming homeless. They are supported by case managers, counselors, and personal care as needed. The services are accessible to people regardless of race, religion, gender, sexual orientation, national origin, age, mental or physical handicap or ability to pay. Community House maintains a 24 hour emergency response team which is able to respond to crisis situations. The treatment model is individually designed in partnership between members and the staff to meet basic life needs such as housing, food, clothing, behavioral/psychiatric and general medical care.

Client Success Story: Mike Johnson

When Mike came to Community House he seldom engaged in treatment, had difficulties interacting with others, and was not willing to take medications. He would often show his rage and threaten violence.

These behaviors led to a series of events which took Mike to jail and homelessness. He was also diagnosed with two illnesses that would have been terminal, if not treated. In the face of these adversities Mike was able to make positive choices. He got medical care. He successfully completed his probation. He comes to day treatment five days a week, participates in groups, is medication compliant, and has served as a board member of Community House. He continues to be the representative for Community House at Voices of Recovery meetings.



FACT
Case Vignette

Mr. J. is a 48-year-old African American male and U.S. Army veteran, originally from New York City. For two years prior to his enrollment in FACT in June 2008, Mr. J. was homeless on the streets and had been in and out of jail continuously for assault and Violation of Uniform Controlled Substance Act (VUCSA) violations. His referral to the program was based on his high incidence of incarcerations and diagnoses of schizophrenia, paranoid type, and cocaine dependence.

Mr. J suffers from persecutory voices, delusions, and paranoia. He was using crack cocaine daily and spending nearly all of his monthly income on drugs. When decompensated, Mr. J. has a history of assaultive behavior. Driven by command hallucinations, for example, he once approached a bystander changing his tire and assaulted him by punching him on the back and head. Subsequent to this incident, Mr. J. committed another unprovoked assault on another passerby, causing bodily harm and traumatization to both individuals.



Since being in FACT, Mr. J. has successfully maintained his sobriety and has not used since May 2, 2008. His treatment focus is on continuing to control and reduce active psychotic symptoms, abstain from alcohol and drug use, refrain from illegal behaviors, and maintain his personal residence. Mr. J. lives in his own apartment, consistently attends substance abuse and mental health groups and individual counseling sessions, and remains medication compli-

ant. He also participates in a nutrition group and consistently engages in social activities such as fishing and movies with our peer specialist and other FACT clients. Mr. J. has a pleasant demeanor. He is goal oriented and committed to his recovery. He is currently working on obtaining financial aid to attend school and is reconnecting with his family after years of estrangement.

Mr. P.'s services have been made possible through Non-Medicaid resources. Due to his immigration status, he is not eligible to receive Medicaid support. Without this Non-Medicaid funding, he would not have been able to receive critical culturally competent services which have enabled him to stay clean and sober, stabilize his mental health symptoms, stay out of prison, obtain housing, gain his GED, enroll in community college and assist him in attaining a work permit.

Preserving Non-Medicaid funding for chemical dependency services rebuilds lives.

Success Story #2: Mr. S.

Mr. S. is a 42-year-old man born in Vientiane, Laos. He immigrated to Seattle in 1982. By his own accounts, he has lived a hard life. He has no family or children, and it is this fact that sullies him the most. He has a sister who came to the U.S. in 1996, who is married with children and living in the suburbs about 40 miles away. Many friends from his younger days have families of their own. Though Mr. S. once had a girlfriend, she left him some years ago, and he has since lived on his own. While he is content with the solitary life, he never lets himself forget why he is alone.

Turn and Run

The American war in Vietnam spilled over to its Southeast Asian neighbors, and as one government or cause battled another, innocent civilians like Mr. S.'s were often caught in the middle. At age 15, Mr. S. fled his war-torn hometown and his family for a refugee camp just over the border in Thailand. Life there was meager and harsh, and he had to endure discrimination and beatings at the hands of the Thai people who didn't want Laotian refugees in their country. In such a lawless, oppressive environment, Mr. S. and his refugee peers turned to alcohol to deal with this bleak environment that offered little in the way of hope or opportunity, and he believes his problems with substance abuse began during this period. When he was 18, in 1982, Mr. S. immigrated to the U.S., lucky to be sponsored by a Seattle church. However, he took some destructive substance abuse habits with him from the refugee camps to Seattle, and these would grow to overcome his chance at a better life in America.



Turned Upside Down

Mr. S. started high school within months of his arrival. He made friends, and they partied hard on weekends. But when his public assistance ran out a year later, he had little choice but to quit school and find a job in order to pay for rent and other bills. This was a com

Asian Counseling and Referral Service, Mr. S’s Story, continued

monality for Mr. S. and his friends. Instead of going to school all week and partying on weekends, he began to work as much as he could during the week, and soon began drinking and doing drugs after work. This would turn out to be the story of his life until 2000, the point at which he knew he had a substance abuse problem and that he needed to do something about it. For almost 18 years, Mr. S. repeated a cycle of drugs, alcohol, failed relationships, trouble holding a job, DUIs, court appearances, and jail terms. When he did collect a paycheck, he would pay his rent and some bills, and the rest would go to buying “weed” and drinking. “I had no money left over to send to my family in Laos,” he says.

In those years, he watched others’ lives develop while his wasted away. Within just a few years of coming to the U.S. and with hard work, his sister achieved the American dream of a family, a home, and a car. She knew of his substance abuse problems, but in an effort to shelter her life and family from his troubles, she told him that “you’re on your own, you’re an adult—you work on this yourself.” As the years passed, even many of Mr. S’s friends with whom he cavorted began having families and moving on with their lives. Some were getting jobs, finding new places to live, and having children. Also during this time he watched as many other friends died because they drank themselves to their deaths, in alcohol-fueled car accidents, or wasting away as they drank and did drugs every day. Mr. S. knew that everyone was mortal. “Everyone passes away,” he will say, “but I didn’t want to die skinny, in an accident—I didn’t want to die young. It’s not good to die that way.”

Turning Around

Alcohol and drugs are “not good on the body,” Mr. S. says. “You’re skinny, absent from the job, get into trouble. I became tired of court, tired of jail.” No one would come to visit him in jail, he says. Not his friends, not his sister or her family, and not his girlfriend, who eventually separated from him as she could no longer stomach his substance abuse and his frequent incarcerations, where he found himself four or five times, for stints ranging from a few days to several months. Soon, whether in jail or out, he found himself, for all practical purposes, utterly alone. It was soon after his last term that the court sent him to Asian Counseling and Referral Service (ACRS) for substance abuse treatment. If you come back here again, you’ll just go to jail, SS recalls the judge telling him. At ACRS, SS finally felt that he could turn his life around, and he says he learned a lot from the counselors there who helped him come to a point where he said, “I’ve got to do something on the outside. I’ve got to stay out. It’s about time to quit—to get my life back.”



Transitional Recovery Program, Pioneer Human Services

Case Study #7:

“Mr. H.” is a 40-year-old African American male who has never been married, with a formal education of 11 years. He was born in Bremerton and raised in San Diego. He is the second child from a single parent family system; he reported his parents separated when he was about two years old. He denied any family history of substance abuse. He also denied any history of physical, sexual, or emotional abuse.

Mr. H. reported that he had an uneventful childhood, attending school and living with his mother in San Diego. When he finished going to school he supported himself doing general labor. He came to Seattle in 1995 to visit his father and has lived here ever since. When he is not incarcerated, he supports himself working through temporary service agencies such as “Labor Ready.” He has been involved with the criminal justice system since he moved to Seattle.

Mr. H. reports that his physical health is fair but that his mental health is poor and that he has been diagnosed as suffering from depression by DOC in Monroe. Despite not receiving his medication for his depression, he appears to be coping fairly well. He reports that he was employed by Pioneer Human Services and had clean and sober housing until his arrest and is now unemployed and homeless due to his incarceration. He will need a referral to WER upon his completion of TRP.

When Mr. H. was admitted into TRP he appeared to be in the contemplation stage of change. He was somewhat ambivalent about the relationship between his addiction and negative life events. This was demonstrated by his verbalization of the negative consequences in his life due to his substance use but his lack of commitment to stop his substance use. He was unable to recognize and manage his relapse signs and symptoms. Also he failed to recognize how his anger problem and his pattern of challenging or disrespecting authority figures was related to his addictive behavior and use of illicit substances.

While participating in TRP, Mr. H. was able to recognize how his addictive and drug seeking behavior had kept him from recognizing and resolving his anger issues. He developed a relapse prevention plan that included attending sober self-help support group meetings, obtaining a sponsor, complying with the court, complying with DOC; and making recovery his top priority. It appears that he is ready to move onto the action stage of change.

After going through the substance abuse treatment program at ACRS, SS calls himself clean and sober, and he plans to stay that way. He is much more physically active in mid-life than he was in his 20s. Instead of drowning his free time in booze and marijuana smoke, he spends nights and weekends playing soccer, going fishing (even though he usually doesn’t catch much), visiting his sister and her family in the suburbs, or relaxing in the quiet solitude of his room.

There are times when his old friends invite him over for birthday parties or special occasions, and as is customary there is loads of alcohol at these festivities. Mr. S. attends but politely denies offers of beer, hard liquor, and wine, and opts for pop or juice. He has become an example to these friends, who find it difficult to believe that he is so different now, so able to resist and reject alcohol and drugs, and so optimistic about life. If he feels the pressures intensify as the party’s attendees become inebriated revelers who try to get him to join in, he simply leaves the situation, telling his friends that he’s got to go to the store or run an errand and that he will return—instead of returning, he stays away from the party. His sobriety is so important to him that he will do anything to preserve his new life.

Turning it Back

Part of Mr. S.’s new life is his job at ACRS Recovery Services (RS) program. At ACRS, he runs a daily Clean and Sober Recovery Support Group that targets Asian Americans and Pacific Islanders (AAPI) who, like Mr. S., may be limited English proficient and relatively isolated from friends and family. The group is daily because for those who are struggling to get out of the alcohol and drug spiral, “two times a week is not enough. Every day, they’ll learn something about how to stay sober.”



“I like working here,” he says. “I like to share my story. I don’t want it to happen to others.” The nature of the job itself and his new co-workers are things Mr. S. feels he needs. “Here, all the counselors are clean and sober,” he says, and he wants to surround himself with positive influences who will help him maintain his sobriety. “Before, I didn’t want to eat or sleep, just do drugs and drink,” he says. But now, “I’ve got no problems. I’ve been clean and sober a long time. I don’t want to see or take weed or drinks. It’s in my past. I’m done with that.”

Seattle Children’s, Group Care Enhancement (GCE)

Group Care Enhancement is a state-funded program that is under county contract with several agencies in King County. It places chemical dependency counselors in sites that provide services to at-risk / high risk youth. Seattle Children’s Hospital is one of these sites working through a certified chemical dependency agency, Harborview Medical Center, to provide quality chemical dependency screenings, consultations, and placement assistance. The program also provides training of selected hospital staff on basic information about adolescent substance use. This program serves youth at Seattle Children’s Hospital coming from all over Washington state.

Client Success Story

“W. S.” (not his real initials) came into Children’s ER under the threat of taking his own life, and his mom’s. He was more than armed to do so at that time. Children’s took him in and stabilized him. After extensive work by the Children’s team, the Group Care Enhancement coordinator contacted us to arrange treatment.

He had severe mental health issues and was chemically dependant on a number of substances. While he was with us, his GCE counselor was able to check in with him periodically and continue to give updates to Children’s about his progress. When he was discharged, we were able to take him directly to Ryther Child Center. While at Ryther he worked amazingly hard to finish the program. His family was available every chance even more incredible considering they had never been to Seattle before his trip to the ER.

W.S.’s mental health and chemical dependency conditions were so severe that he actively hallucinated that snipers were after him, months after the drugs were out of his system. Because of GCE Ryther was able to coordinate with Children’s and get this client the best care possible. He left our program, finished his high school diploma, and is now working building houses. He still calls in regularly to say “hi” to staff and let us know that he is doing ok! Without the help he was provided, I have no doubt that after his discharge from Children’s he would have ended up on the streets. Now he is productive, reunited with friends and family, and actively taking care of himself.

Patient’s Personal Inventory for Change (PIC): Patient’s Personal Inventory for Change (PIC) suggests he is in the Pre-Contemplation stage of change. He is somewhat ambivalent about the relationship of his use of illicit substances and negative life events. However, his willingness to participate in treatment (while in a somewhat whiny fashion) and explore his level of awareness and readiness to change suggest that treatment at Level II.I can be effective.

Previous Treatment: Sunray Court in December of 2006 for a period of 35 days. The patient stayed clean and sober for the 35 days of treatment but relapsed within two weeks of leaving.

Legal History: Shoplifting (4), Possession of paraphernalia, Attempt to possess drugs

Comments/Attainment of Treatment Goals:

Patient completes the TRP 100% current and compliant with all treatment expectations. Patient originally came in with a somewhat surly attitude and outlook of entitlement. He was looking at this program kind of as his birthright and at the difficulties he will experience rather than the opportunities afforded him. This counselor is happy to report that this attitude changed quickly. Patient leaves this program with a very positive attitude. He is now looking at the possibilities he has at his disposal. It was not long ago that this patient was in college, working and had his self-esteem and respect. His drug addiction and untreated mental health issues landed him homeless and in dire straights. He seems ready and accepting of the challenges ahead with promising levels of honesty, openness and willingness.

One thing this counselor would like to state on behalf of patient is that he is not on medication for his mental health issues that have been diagnosed such as ADD, PTSD, and Bi-Polar disorder. Ideally, he will be in a dual diagnosis outpatient facility or at least have the opportunity to be back on the appropriate medications to help facilitate recovery efforts. Provided he is afforded the treatment necessary and that he takes the prescribed medications to treat his dual-diagnosis his prognosis is average to good.

“The best time to plant a tree is twenty years ago. The next best time is today.” —African Proverb

Transitional Recovery Program, Pioneer Human Services

Case Study #6:

Patient is a 25-year-old Caucasian male with a formal education of 10 years who received his GED in late 2007. He states he was born in Denver, Colorado and raised primarily in Hawaii by his adoptive parents. He states that he was emotionally abused while being raised. He has one adopted sister. Patient has never been married and has no children. Patient reports being homeless for the most part over the past 9 years, **sleeping in doorways and under bridges**, and has been 100 percent homeless since July 2008. He has been selling the newspaper “Real Change” since August 2008 on and off to make ends meet. (Continue using drugs) Patient reports he will reside at WER upon release from the Regional Justice Center. Patient presents in remarkably good physical shape, reporting no previous injuries, emergency room visits, or outpatient clinic visits in the past year. He has been diagnosed with PTSD, ADD and Bi-Polar in the past but is not currently being prescribed medications, which he states is a reason he is so distressed. **He is not looking forward to sober housing because he will see people there that he perhaps used with or bought drugs from.**

Drug Use History:

Alcohol: He first used alcohol at the age of 10. From the age of 10 to 16 he drank from 1 to 5 times a week, consuming 3 or 4 beers. He states he did not drink between ages 16 and 24 due to using methamphetamine. Daily drinking since July 2008, consuming 15 or 16 beers per occasion. His last use was the day before incarceration.

Marijuana: His first use was at the age of 10, and he quickly progressed to daily use, using 1 gram daily for the past 15 years. His last use was the day prior to incarceration.

Cocaine: His first use was in 2008. He has been smoking between 10.00 and 70.00 of crack almost daily, if not daily. His last use was one day prior to incarceration.

Methamphetamine: His first use was at the age of 16. From 16-17 he would smoke it 1 or 2 times a month. Between age 18 and 22 he was shooting the drug as often as he could, sometimes daily. His last reported use occurred August 19, 2005.

Nicotine: He started smoking cigarettes at the age of 10 and currently smokes as much as he is able to obtain each day.

Ryther Child Center, Group Care Enhancement

Group Care Enhancement through Ryther Child Center provides a vast amount of services for youth of many backgrounds: homeless, runaway, foster care, former foster care, immigrant, intravenous drug users, HIV positive, and youth in prostitution. Over the course of the 14 years of the program’s existence, many lives have improved and been saved. Ryther Child Center Chemical Dependency Professionals (CDPs) provide these services at host sites located in YouthCares Orion Center, Shelter, Pathways, and The Home Of Hope. The University District Youth Center (UDYC) also hosts a CDP.

Katarina’s Success Story

“Katarina” came to the Orion Center (a drop-in center for homeless and street-involved youth) at the age of 16. She was referred there by “Teen Hope,” an overnight shelter for homeless and runaway youth. She had been living on the streets for several months after leaving her third long-term residential care facility, where she had been sent by her adoptive parents to address her “reactive attachment disorder.” Katarina was adopted from a orphanage in Russia when she was 11 years old with her brother who was 2 years older. Both children had witnessed a murder by their biological father of a man who was going to “take Katarina away.” They lived in the orphanage for three years. When the siblings moved to a suburb of north Seattle, Katarina struggled greatly at home and at school. After "failing" at the treatment centers, the adoptive family told Katarina she could not come home.

She started hanging out in downtown Seattle with other homeless and run-away youth and started using THC , Ecstasy, alcohol, and methamphetamine. The CD counselor at Orion Center and case manager started working with her. Over the next four years Katarina lived in YouthCare Shelter, Pathways transitional living home, La Ba Tey Ah group home, and YouthCare Home of Hope. She enrolled in the The Zine Project (YWCA) Barista Training program (FareStart-YouthCare). Katarina reduced her use over the first year and stopped using completely after that. She has relapsed several times on THC and alcohol, each time contacting her CD counselor at UDYC and Orion Center to address these issues. She graduated from UDYC High School, has had four successful employment opportunities, reconnected with her biological brother, and completed two semesters of Community College. The most difficult class she took in college was, ironically Russian.

Katarina has used her counselors from YouthCare (GCE) and Catholic Community Services (UDYC-GCE) at every step of the way. She is currently employed full time and living on her own. She is very stable and has no CD issues at this time.

Ryther Child Center, Group Care Enhancement: “Sheila”

"Sheila" is a 19-year-old Caucasian young woman who was taken from her birth mother by CPS when she was 7 years old and placed in numerous foster care homes. Her mother is a severely addicted woman who is at this time in active addiction on the streets. Sheila knows of four siblings born to her birth mother.

Sheila started running away from her placements and using drugs at 11 years old. At 12, she started using heroin. At 13, she “ran away” to Colorado with a 26-year-old man. She was picked up there after six months and sent back to Washington state. For the next four years Sheila was on the streets using heroin and crack cocaine, participating in prostitution, selling drugs, and running from the police and DCFS.

Sheila was placed in Ryther Child Center adolescent CD treatment facility when she was sixteen years old. She stayed one day then ran with two other girls and stole a car from the staff. She continued her street survival activities on the street until at age 18 she was sent to Pioneer Center North secure treatment facility where she achieved two months of not using. She stayed clean and sober for two weeks after her discharge. Then Sheila went back to using and prostitution.

While on the "track" she met a 61-year-old man who took her in and "kept" her. He is a cocaine dealer, and he gave her “all the Crack and Heroin” she wanted. This is when Sheila came to the UDYC (University District Youth Center) door after drop-in was over and said "I heard you can help me." Sheila met with Chemical Dependency Professional (CDP) Johnny Ohta and case manager Yuka Hyashi. Sheila was extremely emaciated, with open sores on her face, and she was very anxious.

Over the next six months the team (Sheila herself, her case manager, and the CDP) helped her get on methadone program at Evergreen Treatment Services) enrolled in school (Seattle Public Schools Interagency Site at UDYC) entered and graduated from The Barista Training Program (Fare Start YouthCare). After 2 months on the Methadone program with help from her support system Sheila stopped using Crack which she realized was the next hurdle she need to tackle. All of this progress occurred while she continued to live with the 61-year-old dealer. This “dealer” would drop her off and pick her up at school, work training program, and the methadone program. Finally the team found housing that would take a person on methadone (Catalyst House Youth-Care) and a plan was in place. Sheila tricked the “dealer” to leave and she went to the house and grabbed her belongings. As of today, one month after moving into Catalyst, Sheila is stable, not using, and in school.

Case Study #4:

Mr. Y. is a 40-year-old African-American man with a formal education of 11 years. He got his GED at the age of 20 at a local community college. He is single and has no children. Although he has been unemployed for at least five years, in the past he worked in the food industry and in the fashion industry. He reports no history of substance abuse in his immediate family and no history of sexual/emotional/physical abuse. He is in stable mental and physical health. Upon release from the Regional Justice Center, he would like to reside at his former residence, section 8 housing ,which he was in for nearly a month prior to incarceration.

Drug Use History:

Marijuana: Mr. Y. states he first used marijuana at the age of 12. He used 1 or 2 grams of this drug daily for 28 years until the time of his incarceration. His last reported use occurred on August 25, 2008.

Alcohol: He first used alcohol at the age of 15 and has drunk an average of once a week, consuming 12 ounces of hard liquor per occasion. His last reported use of alcohol occurred on August 24, 2008.

Crack Cocaine: He began his use of this drug at the age of 23. He used it heavily for a nine year period and then had no use of it due to the fact that it violated his moral and value code. He says he was smoking about four rocks per occasion at least four to seven times a week. He then quit for almost 10 years but had a “crack relapse” that lasted for basically two days in July of 2008, which was his last reported use of this drug.

Patient reports no other drug use history, including Nicotine.

Legal History: Patient states that though he has been selling drugs for over two decades he only has the two charges of possession with intent and Violation of the Uniform Controlled Substances Act.

Previous Treatment: Patient was in treatment one other time just prior to being incarcerated here at the RJC. He was at Stoneway in Seattle for about a month and claims to have been abstinent from all mood-altering chemicals while there.

Patient’s Personal Inventory for Change (PIC): Suggests patient is in the Contemplation stage of change. He is somewhat ambivalent about the relationship between his use of illicit substances and the negative events in his life. However, his willingness to participate in treatment and explore his level of awareness and readiness to change suggest that treatment at Level II.I can be effective.



Transitional Recovery Program, Pioneer Human Services

Case Study #3:

This story is of a 44-year-old, married, Caucasian woman with a formal education of six years, whom we shall call Ms. R. She reports she earned her GED while in prison in 2005. She was born in California, where her grandparents raised her until the age of 11. After her grandparents passed away, she moved to Washington to live with her parents, who were both active addicts. She has resided here ever since. At the age of 13, she ran away from home and never went back. At the age of 15, she was pregnant and married to her first husband. She remained married to her first husband for approximately 6 years, until he left with their two children. Shortly after, she met her second husband. In 2001, they separated, but they remain friends today.

She denies any family history of physical, sexual, or emotional abuse, and when asked why she ran away at such a young age, she replies it had to do with her parents using and fighting with each other all the time. She has a boyfriend, who is currently active in his addiction. She has no stable housing or employment upon release from the Regional Justice Center, so Work Education Release (WER) would be appropriate at this time.

She began using benzodiazepines at the age of 30. At first, she took a pill only once every couple of days. At the height of her addiction, she consumed up to six benzodiazepines (i.e. Valium, Xanax, and or Lorazepam) daily. Her last use of benzodiazepines was on March 29, 2009. She first began using methamphetamines at the age of 32. At first her use was limited to the weekends and her method of ingestion was “snorting.” Within 12 years, she was injecting with needles up to ¾ gram daily. She was able to maintain sobriety for approximately one year after being released from prison in 2006, then relapsed after not checking in with her DOC Community Corrections Officer.

Though she was reluctant about treatment in the beginning, she gradually began to actively engage in the treatment process through self-disclosure, participation in the group discussions of lecture material, and taking notes during group sessions. In addition to regular homework assignments, she worked on treatment plans to develop healthier relationships, better her self-esteem, and overcome boredom without returning to active chemical use.

She was consistent throughout her stay her in the TRP, actively seeking sober support literature, avoiding individuals in the jail that could have been detrimental to her recovery, and continuously striving to move forward in her sobriety and recovery.

YouthSource Renton, Group Care Enhancement: “Matthew”

Matthew grew up in a very small town a little over an hour outside of Seattle where there is very little to do. From the age of 10, he remembers that his mother and her boyfriends were involved in drug activities. They locked themselves in their room, sleeping for days at a time. He had to teach himself to cook in order to take care of himself. His mother continued to use methamphetamine until Matthew was 18 years old.



Matthew remembers that he started using alcohol, marijuana, and cigarettes at the age of 12. As he says, “I just drank all the time out of boredom; there was nothing to do.” At the age of 14, when Matthew was a freshmen in high school, he “started drinking hard,” meaning that he was using everyday. His mother worked nights and was still actively using herself, so “there were parties at [his] house every night.” After one quarter of his freshman year of high school, he dropped out. As he says, he did this for four consecutive years, completing the first quarter of 9th grade four separate times, each time leaving after the first couple months of the school year. At the age of 16, Matthew went to an inpatient treatment program for his alcohol and drug use, but the program was largely unhelpful.

At the age of 18, Matthew was ready for a change. His cousin told him about a free GED program and he started looking into it. If the program had not been free, he says, he would never have come to YouthSource Renton. Luckily, though, he did, and he completed his GED in record time—studying for, taking, and passing all five tests in less than two months. Having received his GED at the age of 18, Matthew then set his sights on college. He knew he wanted to be an underwater welder so he researched what he needed to do to get there. He applied for and was accepted to Renton Technical College’s welding program and has now been in the program for one year!

What’s also impressive is that Matthew has been the sole financial provider for his mother and himself for over a year. While he was getting himself into YouthSource Renton, earning his GED in record time, and applying for college, he was working full-time. Even with this hectic schedule, he has been in chemical dependency counseling at YouthSource Renton for more than six months. He attends two Alcoholics Anonymous meetings per week and has been completely sober for six months! Matthew continues to work toward his dream of being an underwater welder, continues to develop as a responsible adult, and plans to continue his sobriety for the rest of his life.

Ruth Dykeman Youth and Family Services, YouthSource Renton, Group Care Enhancement

The YouthSource Renton program is dedicated to creating a “safe and positive community in which youth can enhance their intellectual, emotional, and social well-being and practice leadership, teamwork, and effective community membership.” At YouthSource Renton, young people ages 16-24, are provided with education, employment training, and life-skills training. The mental health and chemical dependency services at YouthSource Renton are funded by the Group Care Enhancement contract through King County. During 2009, nearly 75 young people received direct services through Gloria Gage, MA CDPT (Chemical Dependency Professional Trainee) at YouthSource Renton because of the Group Care Enhancement contract.

Client Success Story: “Andrew”



Andrew was taken away from his mother at the age of three because of severe neglect and his mother’s drug use. He was then put into a foster home where he was severely physically abused for over two years. Finally Andrew was removed from the abusive foster home and his maternal aunt was able to take him in. At the age of six, Andrew was “blessed in” to the gang his family was in and from this time on, the gang-law became the way his family was run. If they disobeyed or broke a rule, they were considered “in violation” and severe physical punishment followed. At the age of nine, Andrew states he started using marijuana “because it was around.” At the age of fourteen, he was expelled from his high school for multiple charges of drug possession and pos-

session of stolen property. He then spent three years homeless on the streets of downtown Seattle during which time he was in and out of King County jails. He was in jail almost consecutively for those three years; usually for three to six months at a time. When he was not in jail, he remembers how he would stay awake at all hours to make sure he was not assaulted while sleeping.

In the past several years, Andrew has lost many friends and loved ones to gang-violence in the city of Seattle. Two of Andrew’s

When she began treatment with the TRP, she was ready for treatment. From the moment she stepped into group, she actively engaged in the treatment process. She was open, honest, and sharing with other group members from the beginning. She was attentive during lectures, taking notes, asking questions and completed the required assignments in a timely fashion. While in the TRP, Ms. W. desired to work on family issues and how her addiction negatively affects her children. She is hoping to continue this work as she transfers to inpatient treatment. Her prognosis for success should be based on her high level of engagement with inpatient treatment.



“Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.” — Elie Weisel

Transitional Recovery Program, Pioneer Human Services

Case Study #2:

Ms. W. is a 36-year-old, Caucasian, single mother of three, with a formal education of 10 years, reporting that she has obtained her GED but unclear what year she earned it. Born in Florida, she was raised in Texas until the age of 12, when her family moved to Kent, Washington. She has resided in the Northwest since then but contemplates moving back to Texas to be closer to her father who is more supportive of her sobriety than her mother, who resides locally. Her two youngest children, ages 8 and 12, live currently with her boyfriend, and the oldest, who is 15 years old, is living with her sister, who is also in the immediate area. She reports that her boyfriend is supportive of her and her sobriety, as he is also in recovery from drug/alcohol abuse. Before this incarceration, she was not working and was collecting SSDI due to her diagnosis of Bi-Polar Disorder and Post-Traumatic Stress Disorder (PTSD).

Ms. W. has survived a lot of trauma in her life. From the age of 8 to 12, she reports her father sexually abused her. In 1994, at the age of 22, she witnessed a friend’s murder. For approximately five years, she experienced domestic violence in a relationship in which her boyfriend kept her high on methamphetamines and locked up.

Ms. W. reports she first began drinking alcohol at the age of 8, when her father gave it to her in order to sexually abuse her. She continued drinking heavily after the abuse stopped, until the age of 17, when she learned she had pancreatitis and the doctor informed her that she had “the liver of a 40-year-old alcoholic.” She reports she attempted to drink twice after that, resulting in hospitalization. Her last use of alcohol was in 1991 when she began using methamphetamines.

At age 18, when she gave up drinking, Ms. W. first began using methamphetamines, with her preferred method being smoking. She reports she was smoking methamphetamine three times daily, using approximately ¼ gram each time. She sees now that she only gave up one substance for another, and she reports two significant periods of sobriety, one for six years from 1998 to 2004, and again for one year, from February 2008 to February 2009. Her last use of methamphetamine was February 13, 2009. She is planning to go to Intensive Inpatient Treatment through the Union Gospel Mission from the Kent Regional Justice Center, with the hopes of eventually reuniting with her children and significant other.



uncles were killed over gang affiliation and more friends than he can count. He can also easily recite a long list of friends and family who are incarcerated with life sentences.

However, at the age of eighteen Andrew decided this was not going to be his life. After being let out of jail for the last time, he was told about a program where he could receive his GED, and his brother put him in contact with a case manager at YouthSource Renton. In April 2009, he took the entrance tests and was accepted into YouthSource Renton’s YouthBuild program (affiliated with Habitat for Humanity) after being out of school for five years. One of Andrew’s aunts also let him stay with her with the only stipulation being that he must be in school. Very quickly Andrew became one of the star students, arriving early each day and achieving perfect attendance each month. He has excelled with every skill he has learned and will be receiving his GED and graduating from the program in December 2009. Andrew has learned many skills and, through YouthBuild, works each week building homes in the New Holly low-income housing neighborhood in South Seattle.

Since May 2009 Andrew has attended drug and alcohol counseling two times per week at YouthSource Renton. When he entered counseling he was using marijuana multiple times per day, but as of August 2009, he has been clean and sober. After using marijuana for 13 of his 19 years, Andrew was able to quit using the drug after three months in weekly counseling.

In every way, Andrew is a success story – a young man from terrible circumstances who made a choice to build up his community (literally and figuratively) instead of breaking it down.



Group Care Enhancement

TO WHOM IT MAY CONCERN:

my name is [REDACTED] growing up in a community where drugs and alcohol was everywhere. some day i'm ~~was~~ lucky because i wasn't drawn into that lifestyle especially since both my parents used. I'd say i'm fortunate. At the age of seventeen I moved into a transitional living program called pathways and was required to attend a "CD" group. ~~When~~ I complained that I shouldn't have to sense i don't use. I was wrong i learned things i've never known, that i was never taught at school or in my home with my parents. I met victims of this life style and heard stories that just made me never ever want to try drugs or alcohol. These teens needed this ~~was~~ person right there in they're homes. To give them that support they needed. ~~Now~~ I need this person for knowledge to give to my other friend who got caught into that life.

If you take these services out of these homes what will ~~be~~ us as teens do for that support that knowledge. Why travel for hours when i can be right in our homes. I as we'll as my fellow roommates, peers, friends are grateful for ~~the~~ the services we've recieved so what about the next teens who come into the program. Will they not be taken care of like i or others we're. I hope not. So please, I ask to keep these services in our homes. Signed [REDACTED]

Since 1974 YouthCare has been a leader in serving homeless and runaway youth.

While participating in TRP, the client was able to recognize how his addictive and drug-seeking behavior had kept him from recognizing and resolving his impulsivity and anger issues. He developed a relapse prevention plan that included attending sober self-help support group meetings, obtaining a sponsor, making recovery his top priority, and completing high school.

He is requesting the Court's permission upon completion of TRP to reside either with his grandmother or his mother and continue with his education. . .

.He developed a relapse prevention plan that included attending sober self-help support group meetings, obtaining a sponsor, making recovery his top priority, and completing high school.

Transitional Recovery Program, Pioneer Human Services

Case Study #1:

Mr. X is an 18-year-old African American young man who is in his senior year of high school. He is the only child of his mother and biological father and the oldest of two in an intact blended family system. He was born in Baytown, Texas when his mother was 16 years old and was raised by his grandmother. Because his mother came to Seattle to attend the University of Washington, he and his grandmother came to Seattle when he was 4 years old. His biological father, after being released from prison, relapsed on cocaine and later committed suicide with an overdose of pain pills. Mr. X denies any history of physical, sexual, or emotional abuse. He reports resentment over never having a relationship with his biological father.

Mr. X reports that he first tried marijuana at age 12 but did not really start using the substance until age 13; at 14, he started selling it. Due to his juvenile record he became involved with juvenile Drug Court and went to treatment at Day Break in Spokane, maintaining sobriety for one year, from 2005 to 2006. When he relapsed, he returned to treatment at Day Break but was discharged due to a rule violation. He reports that he has been using illicit substances since then during the summer months only, so as not to interfere with his education and his ability to play sports.

Mr. X says that his physical health is excellent and that his mental health is fair. Although he has never had a mental health evaluation, he reports that he suffers from depression, and his GAIN SS suggests the need for a co-occurring disorders assessment. He reports that at the time he was ordered to participate in the TRP, he was living with his grandmother in Burien, participating in outpatient treatment with Central Youth Services in Seattle, and attending South Lake Alternative School. He is requesting the Court's permission upon completion of TRP to reside either with his grandmother or his mother and continue with his education.

When Mr. X. was admitted into the TRP, he appeared to be in the preparation stage of change. He recognized how his continued drug use and criminal behavior resulted in the negative consequences in his life, but was not completely committed a clean and sober life. He was unable to recognize and manage his relapse signs and symptoms, and he failed to recognize how his anger problems and impulsivity were aspects of his addictive behavior and use of illicit substances. He reported that he had the skills and knowledge necessary to maintain sobriety but returned to using marijuana because he did not believe that he was addicted.

3-12-09

To Whom It May Concern

Hi My Name is [REDACTED] and I'm a nice guy just trying to get a hold of my life. I'm trying to get into housing, and trying to get a job. It is hard times out there, and I'm going to get a Y.W.C.A Membership through Johnny. Johnny is the person who is helping me stay sober, and if he was not here I'd be doing drugs. He helps me stay sober. Please don't fire Johnny because he does not help just me but lots of other people. He's like McDonalds you just wanna smile!

Sincerely,

[REDACTED]

John [REDACTED]

Group Care Enhancement

My name is [REDACTED]

I am 16 years old. I am currently living at youth care, a transitional housing program for youth, and meet with Johnny, the Drug and Alcohol Counselor, on a regular basis. This is my story briefly:

I am an addict in Recovery, I graduated Ryther Child Center on July 8th 2008, then went to Skagit Recovery a Recovery house on July 8th 2008 and graduated their Nov. 8th 2008. I was homeless for about a month until I got to Pathways Youth Care Program on Dec. 10th 2008. On Jan. 2009 I meet Johnny and since then I have had a good relationship with him. He has helped me out a lot, he also took me to a AA meeting. We also went to a college in Edmonds for a panel meeting. I could also tell Johnny my problems and express my feelings with him. He gave me a lot of support and hope.

here and so does everyone else. But you have to want the help, and you have to want the change, because if you are just coming here with a bad attitude you won't change. But if I can change, and look at in a bigger way, then I know others can too if they really want.

When I leave CCAP, one of my goals is to continue to stick with the steps of MRT and to reflect on what was talked about if I have any issues come up and I am not acting right. I know that I can continue to apply what I have learned in MRT to the rest of my life, forever.



Community Corrections Alternative Program (CCAP)

Client Success Story

Before CCAP I was in a pretty bad situation with my mental state. I wasn't taking my pills on a regular basis and I was having a really hard time with my depression. When I got in trouble and was in jail, that was a big wake up call for me. I was court ordered to CCAP, and it has turned my life around by making me more aware of my depression and my triggers, and making me think differently than I was thinking before.

Before I was always thinking "Poor me, poor me." But now I have almost completed Moral Reconation Therapy (MRT), and that has really helped me change my ways of thinking about situations and life in general. If it wasn't for CCAP, I don't know where I would be. It's really changed my life for the better. Now I feel much better about myself and I have a happier spirit.

For instance, before, when a situation would happen, I would totally flip out about and go off on people. Now I think more logically about the situation; is this something I

I've grown tremendously from being here and I feel it inside, I feel the change and it's a good change. This change is something I wanted for a long time; I just didn't know how to go about it until now.



really need to get all excited about? In reality, it's not. Now I know that a situation "is what it is," and there is no reason to go off about anything. I've grown tremendously from being here and I feel it inside, I feel the change and it's a good change. This change is something I wanted for a long time; I just didn't know how to go about it until now.

Right now, I am working on MRT. I am on Step 13 and about to graduate. This class has been one of the most helpful classes for me. It has helped me to think differently about situations and to know how to deal with things differently when they come up. I also really like Choices. Choices covers different areas like relationships, attitude, anger, and communication; I got a lot of things out of that class that I didn't know before. I am a survivor of domestic violence, and so I am also in the Women's DV Group—I learned things there that I never knew before that have helped support me.

When I first came here, my whole attitude was "Why the heck am I doing this, I don't need to be here!" Once I really took myself out of the box and looked at the bigger picture, I realized that I was put here for a reason and that I need the help that they have

I am writing because I was told that Susan may not have a job at the end of June because of budget cuts. This is why I think her job is important:

1. Because she helps youth like me understand more about addiction and ways that are helpfully with dealing with addiction.
2. Because she does group with youth about Drugs and Alcohol
3. If Susan didnt help youth and supports youth that are in Recovery now their wouldn't be not hope for the future.

Youth need Resources! please do not cut the jobs of the drug and Alcohol counselors!!!! Because if at least 1 out of 10 youth can stay clean that better than 0.

Sincerely,

Group Care Enhancement

To whom it may concern

My name is I [REDACTED] I am writing this letter in regards to the states recent budget cuts. Chemical Dependency Councilors have helped me throughout my teenage life. I would not be the woman I am today without the help I received from them.

I was the teenager who went to juvenile detention every few months. I never attended school. My life was focused on drugs and the world around it. I had no future ahead of me. But a few years ago I meet the first CD councilor that I could connect with. She helped change my life into what it is today. I have met many scents then that have had an impact on my life.

Deciding to cut funding, jobs, and hours for existing CD councilors is only going to hurt the community. There are so many lives affected by drugs and alcohol. Everyone has the right to learn the facts and get the personal one on one therapy for there drug problem.

Thank you
[REDACTED]

Success Story by Robert

Hello my name is Robert and today I am a greatful recovering alcoholic, addic and I am in King County Drug Court. I took the opportunity of Drug Court over going too prison.

I use to be a out of Control addic. my addiction had led me to become homeless and alone.

my only purpose in life was too get my drugs and stay high and not caring about the action or consequences on how I got my drugs, laying, stealing or manipulating people into giving me money for my drugs.

Today I am so greatful that I chose Drug Court

I have so much gratitude towards C.Cop they have gave me a new focus on my new life and has shown me a clean and sober way of living and has changed my former life of isolation to a more sociable one.

Today I am on a housing fist for a new apartment. So now I dont have to be homeless anymore.

C Cop has shown me how to build a new foundation so that I can become a more productive person.

Community Corrections Alternative Program (CCAP)
Client Success Story

I’ve always been a church-going person and stayed active in many activities within the church. I traveled around the United States within the usher board. My mother kept me involved in plenty of sports, basketball, volleyball, swimming, drill team, girl scouts, etc. My drug use started at age 12, smoking cigarettes. This led to smoking weed throughout high school up until the age of 39. I went to college for one year for non-traditional trades. I worked for several different companies such as Retail Clerks, Port of Seattle, The City of Seattle. I became engaged with cocaine at the age of 33 up until the age of 39, when I was arrested and entered Drug Court.

I have been a drinker from the age of 15 up until 39. I have a 20-year-old son and a 22-month old granddaughter who are in my life today. I am currently involved with the CCAP program, which has helped me to get a grip on my responsibilities and stay structured. I am 16 months clean today, Mach 17, 2009. thank you Jesus.



Group Care Enhancement/Juvenile Rehabilitation Administration

Client Success Story: “Carl”

“Carl” is a client that was released from the Juvenile Rehabilitation Administration to parole. This particular client was convicted of a Robbery offense that he had committed while he was under the influence of alcohol. The client has had numerous interventions in the past to address his psycho-social complications. The client seemed to do well for some time, staying clean for a couple of weeks or even months but would invariably get drunk. The client's family was supportive of his recovery but failed to engage him into a clean and sober lifestyle. The client began meeting with Gary Hothi, GCE provider on a weekly basis for several months. He was re-introduced to the recovery concepts that he had learned while in various treatment settings. As the therapeutic relationship progressed the client was able to translate the tools that he had learned into his routine. Pretty soon the client was not getting drunk on a daily basis. He no longer roamed the streets of Seattle asking homeless individuals to buy him alcohol. The client has also engaged self-help support services, and has further implemented the principles of recovery into his daily lifestyle. This client is a high school graduate, attending community college, employed and engaged with volunteer services within his community. The GCE provider does not take the full credit for this client's success, as multiple agencies and interventions were instrumental in getting the client to the point where he was willing to make the necessary changes.

PROGRAM: GCE-JRA

This particular GCE position is supported by Ryther Children Center and is housed at DSHS-JRA. Some of its duties are: to coordinate delivery of substance abuse treatment services for youth in the JRA regional parole office and their families, train staff in issues related to management of youth with substance related complications, provide direction for case management of nearly 100 hundred youth and families per year, analyze a variety of situations and select appropriate courses of actions applying sound judgment and professional practices, serve as a member and resource on multi-disciplinary teams and the JRA Chemical Dependency Oversight Committee, conduct skills groups using approved curriculum and materials, support substance abuse relapse prevention with youth and families, establish relationships with the King county treatment provider network, and coordinate and monitor services by these providers.

Group Care Enhancement/The Home of Hope: Norah's Story

Norah currently resides in the Home of Hope housing program at Youth Care and accesses services with Group Care Enhancement. Norah's story started in Saudi Arabia. Her mother moved with her daughters to the United States when Norah was 2 yrs old. She has had no father figure in her life from that point on.

Her family life was very unstable as her mother struggled with addiction and homelessness. Norah recalls managing to stay in school even when they were living out of a car. "I practically lived at the library", she says, where she not only did her homework, but also completed her daily hygiene. She recalls the shame and humiliation she experienced feeling "different from everybody else".

As her relationship with her mother deteriorated, she left "home" to be on her own. This involved couch-surfing at a very young age and then moving into a transitional living program when she turned 18.

Norah presents as a strong, private, intelligent young woman. She is very careful about who she lets in. She began smoking marijuana when she was 9 and "smoked daily" from age 12 up until it jeopardized her current housing and she began to work with a CDP and commit to abstinence. Norah has many goals and interests in her life. She wants to first have a career that will give her economic stability (electronic game design), she wants to own a home, preferably one she has designed and built herself, and she wants to go to 4-year college to study science and philosophy. Her response to individual counseling with her CDP has been remarkable. She describes the weekly meetings as "an amazing opportunity" to talk and express thoughts and feelings AND to be listened to. She describes it as a safe place where she can let down her guard. She has remained abstinent and dramatically changed aspects of her lifestyle in support of it.

Her determination to succeed, to live her life differently than how she was raised and to create a home for herself has been an ongoing and growing theme. Her ability to acknowledge mistakes, to take responsibility for her actions, AND to forgive herself and move on has given her a sense of freedom that has allowed her to grow and expand her entire approach to living.

Norah is currently working as a receptionist in charge of training interns. She is looking forward to full autonomy and independence and plans to continue with her education in January.

group I could and graduated from I.O.P. I was also able to pass 4 out of 5 test for my G.E.D. Being in CCAP and doing well I was blessed to get into Drug Court for my felony drug charge and am due to graduate from Drug Court April 8th 2009. I cannot express how much being in the CCAP program has done for me. But I know for a fact that it gave me a solid ~~foundation~~ foundation, a sense of positive direction and it taught me how to love myself and know that I'm worth it. It's because of the CCAP program I celebrate 15 1/2 months of total sobriety I have gotten my kids back CPS cases closed and myself and my children have transitional housing for a year but am working with case workers to get permanent housing. CCAP is a God sent program and it definitely saved my life :)

Community Corrections Alternative Program (CCAP) Client Success Story

Before I got to CCAP I had relapsed June 1st of 2007 after being sober for 14 months due to being in a dysfunctional relationship and no tools or support for sobriety. So I went on a 6 month run which consisted of lying, stealing, prostituting myself to support my crack habit. I had managed to rack up 6 misdemeanor charges and one felony charge of delivery of a controlled substance to an informant. December 29th 2007 the King County Sheriff's dept. kicked my motel door in with a poster with my face on it and I knew that at that very moment that I was ready to change my life. So I did my time for my 6 warrants out of Kent and the judge sentenced me to CCAP for my drug charge. I came to CCAP February 18th 2008 and came M-F including random ~~tests~~ UA's. I participated in every self help

Ryther child center staff have supported me in my recovery, I'm 18 years old and I'm a recovering drug addict, I have used every drug imaginable and have ended up homeless, in jail, and in a psyche ward. Since I have been working with the staff at Ryther, I have obtained my G.E.D, maintained a 3.0 GPA in college, and have become financially stable.

I appreciate the support that I have gotten from Ryther staff, I now see my potential as limitless, I never could have gotten where I am today without sobriety.

Her determination to succeed, to live her life differently than how she was raised and to create a home for herself has been an ongoing and growing theme.

Group Care Enhancement/The Home of Hope: Hope’s Story

Hope is 20 yrs old. She has suffered from an eating disorder since she was 13 yrs old. She was adopted when she was an infant. Her birth mother committed suicide last spring and her birth sister is a heroin addict. Hope does not know where her sister is and imagines she may be dead. Hope was abused by her adoptive parents for years until she finally went into foster care and began moving from one group home to another.

Hope’s success story is in large part simply that she is still alive and working hard to become healthy. She began working with Group Care Enhancement CDP when she began using as a way of alleviating both her emotional pain, as well as the physical pain caused by her eating disorder. Hope both purges and restricts her food. She used marijuana and alcohol to cope with the symptoms of her mental and physical distress. Because of her family history, she is predisposed and was always at high risk of becoming addicted. She also has a significant history of cutting which she learned to manage with DBT.

Hope has been hospitalized several times for her eating disorder as well as for depression. At this point, she is in major debt as result of these hospitalizations.

Her CDP has worked closely with her MHS and housing manager at the Home of Hope for about a year. With her, they have aggressively sought appropriate inpatient treatment. It always comes down to funding and they are still looking for it. In the meantime, they have provided her with as comprehensive support as they can offer her to keep her safe and stable. Hope’s goals involve going back to school, becoming financially stable, “maybe getting married and having a family someday.”

Hope’s resilience is phenomenal. She shows up. She always shows up. She holds on to her support like a literal lifeline. Her determination to get treatment is stronger now than it has ever been in her life. She is committed to her future and to her recovery. Meanwhile, she allows her support to hold her up as she bravely pushes on.



Client Success Story

It was the final disposition of a shoplifting case which ultimately resulted in me being sentenced to CCAP. However, it was God's untiring Grace which guided me out of active addiction and into the safe harbor of the King County Justice System. Therein, once more, I found hope, self-esteem, positive direction through structured living and a professional community truly concerned about my welfare, rehabilitation, and recovery.

I was sentenced to CCAP as a condition of WER in November 2008. I was not pleased in the least to learn that I would not be allowed to work while in WER. My previous recovery pattern had always been abstinence coupled with employment, school, etc. In this way, I had succeeded at successive attempts at recovery to promptly relapse within 5 or 6 months. The longest I've had sober since being release from the Georgia prison system is 11 months.



What I found at CCAP was the opportunity to maximize my potential through the structured environment. I quickly grasped the recovery-first concepts propagated by my dynamic IOP instructor, Bobbie Catton. I took full advantage of the learning center. The course on Dependable Strengths was extremely helpful in assisting me in developing and maintaining the positive mental attitude necessary to remain on the right track. I have also utilized the helpful resources and support of the Sound Mental Health reentry program. My case worker Nebyu is very conscientious and understanding. Tomorrow I will complete my first quarter at South Seattle Community College. I expect A's in all three of my courses. For these opportunities and humble accomplishments, I am eternally grateful to CCAP and its entire staff.

Community Corrections Alternative Program (CCAP)
Client Success Story

I came to CCAP on October 14, 2008, one day after my release from King County jail, two days after my 36th birthday. Being released on my own recognizance and sent to CCAP was the best thing that has happened to me, because my life for the year prior to me being arrested and sent to CCAP was a mess.

I am a drug addict and have been an addict for more than 20 years. Living in active addiction from 1978 to 1997, being sentenced to five years in prison due to drug-related crimes, which helped me to be freed from the disease, I was released from prison in September of 2000. I released to Seattle (I was born and raised in Tacoma WA) and stayed clean and sober the majority of the last eight years. I relapsed on crack cocaine and heroin somewhere around December ‘07 or January of ‘08. I have been a drug addict for many years which I have previously stated, and my addiction is what brought me to CCAP.

In the past I may have viewed this as a negative, and obstacle, so to speak. Today I see this (CCAP) as my saving grace. On my own, I may have never made it back into society. The chances of me using till my death or ending up with a life sentence were far more likely than me being able to save myself from the manner in which I was living.



I was living on the street after having a home and attempting to be productive. CCAP has provided me with educational support, sober support, emotional support and career support. CCAP has helped me to fill the holes that were missing in my foundation. The staff that I am involved with at CCAP have been amazing and continue to help me in and on my journey.

University District Youth Center Success Story -- 2006 to 2008

A young man came into UDYC drop-in after spending a night at ROOTS shelter. He was 20 years old and had just become homeless after breaking up with his girlfriend. This young man had immigrated by himself at the age of 14 from Nicaragua. His journey from Nicaragua had been lonely and dangerous, including crossing the Rio Grande and witnessing the death of a fellow traveler. In the six years since he entered the United States, he had made his way to Washington State, experiencing foster care as well as homelessness. He had enrolled at UDYC Interagency School while he was still a minor, but left school when he found a job.

In his second engagement with UDYC, at the age of 20, he enrolled with Yuka Hayashi Pro Youth Case Manager. He was motivated and empowered by the many resources that UDYC put at his disposal. He immediately began working with Yuka on housing and re-enrolled with the UDYC school. Yuka supported the young man as he found temporary housing at LaBeTaYeh and then, in under two months, moved into housing at YMCA YAIT transitional housing.

In all areas, this young man took full advantage of the services offered by UDYC. He worked with John Faust, YWCA Working Zone Pro-Youth Case Manager, on employment goals. When Yuka learned that he had a possession charge from being caught with marijuana, she immediately introduced him to Johnny Ohta, Groupcare Enhancement Chemical Dependency Counselor from Ryther Child Center. Johnny was able to work with him on his drug issues and also moved his legal issues into Drug Court. Through Drug Court, with Yuka and Johnny’s help, he stopped using marijuana and to clear all of his legal issues.

The accomplishments of this young man over the past two years are amazing. He is now 22 years old, working a full- time, salaried job as the lead janitor at a local church, owns his own car, and has a high school diploma. He has no felonies on his record and is living in a market-rate apartment. He is grateful for the opportunities that UDYC presented him. He is now working to get into school to train as a nurse’s assistant.

A word from him: “I love UDYC because they helped me with housing, school and legal things. Also, my case manager, teachers and drug counselor support me a lot. Whenever I have problems that I feel I can’t handle they help me out with it. I’m so grateful for this wonderful place and people. Because of them and my efforts, I’m going to be able to accomplish my dreams which are to be drug free, maintain housing, complete high school and go to college. Thanks to UDYC.”

Washington Asian Pacific Islanders Families Against Substance Abuse (WAPIFASA)

To Who this may concern

I Am A Kid Who is A participant in the drug ~~program~~ program At WAPIFASA during the entire 3 month period that I have been here I have made tremendous strides in ~~my~~ ^{the} recovery ~~from~~ ^{From} my addiction. The methods WAPIFASA uses are different from any other drug treatment facilities I have attended, to be honest me being Clean this Last month wouldn't have happened without the assistance of WAPIFASA, I basically owe WAPIFASA my life because before I quit using marijuana I was committing heinous crimes against Society, ~~and~~ ~~to~~ ~~many~~ ~~people~~ ~~in~~ not only hurting myself but others as well. I can say with confidence that Everyone involved with WAPIFASA From the Staff, to the participants In the various programs support me in my recovery and anything I may want to ~~even~~ achieve, And for this I have to thank the ~~entire~~ entire WAPIFASA program.

I met many great people who fell through the cracks of the system & drugs. I seen ~~many~~ ~~people~~ ex addicts, no matter what age. get another chance at life. They are rebuilding relationships with family and kids. ~~And~~ I really think CCAP really will save the community lots of money and people who has a 2nd chance has also given back to the community.

Community Corrections Alternative Program (CCAP)

TV

How I got to CCAP & what I got out of CCAP.

I got to CCAP due to a major fight my friends got into but like an idiot I jumped in. So I jumped out of my car to join my friends in a fight. My car was still in drive and hit a building. So I jumped in my car with my friend and drove home.

Got charge with hit & run then later charge with drive by shooting cause SPD found a shell in my car. My public defender put me in CCAP Entrance, been in CCAP Entrance from Aug 2008 to Feb 2009.

CCAP help me ~~understand~~ understand the other side of Seattle I never knew like people and drugs. I don't use or abuse drugs but as a mom addict I see and have seen CCAP really help people who want help and is willing to change but don't know how.

Why I come to wapi?

I come to wapi because I need hope to stay sober. I can't stop smoking weed. That they can help me stay clean not to smoke. Before I came here I was smoking weed every day. I was smoking 7 to 8 blunt a day. ~~So my po~~ So my po said that I need to do treatment. They thought that wapi be the best place to go. We did a test then I got in here. At the same time to have to go to treatment. Because I was in drug court.

What I've learned or gotten out of coming to treatment (outpatient) at wapi.

I have learn how to talk about my weed problems. About my family problems. thing that I had on my shoulder. I learn is not all was about weed that you can talk about. you can talk up life. I like coming here because you can talk to the teen that but here ^{glowing} ~~day~~ the days. There are better thing to do than smoke weed. You can keep up mind out of it. they have internet, game, people to talk to. best in sober people that are stay clean. How to met new friends. That are not using.

I came to WAPIFASA in the summer of 2009. Earlier that year I got into a bit of trouble for alcohol. It has been 3-4 months since I started coming here to a friendly environment to get information about drugs and alcohol. During this time I learned about drugs that I have heard of but didn't really know anything about them. I feel that this information will help extreme amounts in the future. Now I won't make a stupid decision because someone told me that nothing will happen or that it's ~~not~~ bad for you because of the information I have gained from this class.

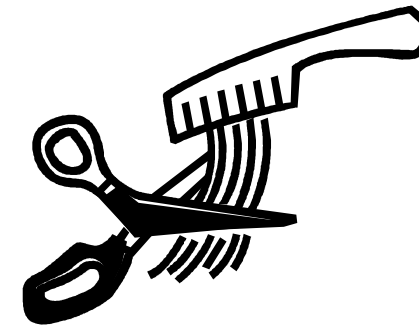
Things I learned

- Risk Factors: Excessive dehydration can die from it lots of people do. Alcohol is a substance that can kill you the first time you use it. Acid can affect you many years after your first use. Steroids can change you and affect you making you slower than usual only by using it one time. All drugs you never know what you are getting when you take it there are no regulations for them.

Alcoholic signs: -drink to get drunk -can never have just one -hereditary if family member has problems -get in fights when drunk -different personality when drunk

8 pm. I have a 16 year old daughter that is on foster care and a 2 year old daughter that lives in Federal Way. My two year old comes for visits over night every Friday and Saturday.

Outside of all of this I try to be available for service work to people that are struggling. I am fairly knowledgeable in re: resources and lend a helping hand when possible. All information is kept on file with my caseworker Eileen Fermanis. I hope this helps.



"Superman's not brave. It's every-day people like you and me that are brave, knowing we could easily be defeated but still continuing forward." — Unknown

Community Corrections Alternative Program (CCAP)

V.B.:

On October 13, 200~ I was present for a bail hearing in front of the Honorable Judge Cheryl Carey. I was released on my own recognizance and court ordered to the CCAP program, and to attend 90 meetings in 90 days.

Since my release on October 13th I completed my intake at CCAP, took a Chemical Dependency evaluation and have since completed 72 hours of intensive outpatient treatment; which is 8 weeks of treatment at 3 hours per day, 3 times per-week. I have attended more than 150 recovery (AA/NA) meetings and have had slips signed as proof. I am currently attending follow-up outpatient treatment at CCAP once per-week and still attending 5-7 meetings per week. I completed the Life Skills to Work program (LSW) contracted through CCAP. On Saturdays LSW offers extra classes at the New Holly campus in South Seattle. I participated in said program and received a certificate for a class called "Dependable Strengths" that is offered through LSW on 2 Saturdays. During my time at New Holly I signed up for winter quarter at SSCC which I am currently attending.

While attending CCAP I have been involved in a number of different things as stated above. I have also spoken to a group of Task Force officers and Prosecutors in regards to the CCAP program. I have been interviewed by two juvenile prosecutors that are writing a book. I have been involved with trying to save some social services including CCAP by writing letters and speaking to groups if necessary. I have written to the King County Counsel re: CCAP. I have also written to Eric Pettigrew re: ADATSA and other welfare programs that are at risk of being cut. I am currently involved with N.C., K.H., and a group of other CCAP participants by volunteering my time for a cable public access TV show called the justice files.

Outside of CCAP I volunteer twice a week cutting hair at the 3rd avenue Family Center. This is a day center for the homeless. I cut hair every Tuesday and Thursday for those who cannot afford a haircut. I am very active in my recovery as well. I am taking two classes at SSCC until March 25, 2009. I have a sponsor in recovery that I meet with once a week to work the steps. I have a home group, a service position and attend a number of meetings.

I am also a mother of three. I currently live in clean and sober housing through Pioneer which means I cannot have my children full time. I have a 17 year old son that is incarcerated in Pierce County. I visit my son every other Tuesday at

When I first started coming to WAPI, I had been suspended from school and sent here to have an evaluation done. I sort of knew I had a drug and alcohol problem, although it wasn't too big of a deal to me. Coming here has helped me realize ~~that~~ that my problem was a big deal, and needed to be dealt with. I've been coming to WAPI FASA for about six months now, and I can honestly say that it's helped me tremendously. My counselor (Jude) is great, and I give her much credit for helping me out. I don't know where I would have ended up, but I believe that coming to Wapi has impacted my life, and changed my future. Although I still slip up once in a while with drinking, it is not nearly as bad as it was at one point in my life. I thank Wapi and my counselor of course for being so wonderful and encouraging. Wapi Fasa truly is an amazing place, and I can't express how glad I am to have been sent here.

Sincerely,

Jessica Redman-Beckstead

Substance Abuse Treatment and Recovery (STAR)

The STAR Program provides substance abuse treatment for adults with developmental disabilities and is available to King County residents who are on Medicaid and enrolled with the Department of Social and Health Services Division of Developmental Disabilities (DDD). STAR services are provided at both the Capitol Hill and Tukwila Sound Mental Health locations.

STAR Program services include outreach and referral services, stabilization and substance abuse assessment, individualized treatment tailored to the client’s cognitive needs, groups (clients have access to a wide range of fun, informative groups and therapeutic activities), case management support services, and 24/7 crisis services. Clients with qualifying mental health issues will be offered CNP (Community Networks Program- intensive case management for mental health services for DDD clients).

The STAR Program is unique in the United States and has been recognized by the Washington State Co-Occurring Disorders Inter-agency Advisory Committee twice.

Success Story #1

R.H. is a 25-year-old Caucasian male with Autism. R.H. was referred to the S.T.A.R. program due to his alcohol use (he liked the caffeinated alcohol) and occasional drug use. R.H. would show up to the program under the influence and would at times bring alcohol onto the campus. R.H. was in jeopardy of losing his housing and employment. This took a large team effort and it was the involvement of all those that cared for him that motivated him to agree to go to an inpatient facility. R.H. completed the 30-day inpatient program and upon release from inpatient, R.H. did well. R.H. did relapse on New Year’s Eve but was able to be open and honest about it by sharing with the staff what had happened. R.H. was able to recognize on his own that if he kept drinking, he would end up back where he was before. R.H. continued to engage in groups and was able to pick himself back up and has been doing very well since. R.H. has been able to maintain his housing as well as his job and continues to be an “All STAR.”

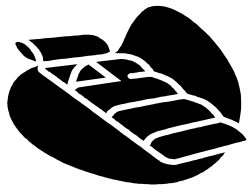
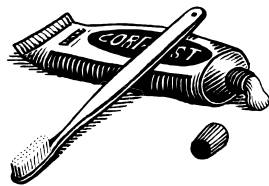
Reentry Case Management Services #4:

Mr. F. was a walk-in client to the Reentry Case Management Services (RCMS) program. He mentioned that his DOC community corrections officer “said you guys could help.” When he started explaining how he grew up in prison and was unable “to function out here,” RCMS staff realized that the RCMS program could, indeed, assist him with integration into the community.

Mr. F. was having trouble functioning in the community for many reasons, the primary one being mental illness, specifically bi-polar disorder. The symptoms of his mental illness would flare up as anti-social behavior with bouts of verbal aggression and suicidal tendencies. This meant that Mr. F. was banned or denied services from many of the programs he had attempted. He checked into a crisis bed (suicide watch) not long after RCMS staff started working with him. Despite these symptoms, Mr. F. had been denied DSHS benefits in the past. So RCMS staff assisted him in obtaining a mental health screening and an in-depth psychiatric evaluation. The screening and evaluation information was resubmitted to DSHS along with supplemental, historic information from his family. Mr. F. was approved for benefits and he is now receiving mental health services.

He has been out of institutions such as jails, prisons, and emergency rooms longer than at any time since he was a young boy. Having been banned from his old housing, RCMS staff has connected Mr. F. with a shelter community, where he is an active and engaged member. RCMS assisted him with basic needs items such as shoes, clothing, a sleeping bag and toiletries. In addition to mental health services, Mr. F is receiving vocational services, adult community support services, and chemical dependency treatment. The RCMS program also assisted him with his community college application and helped Mr. F. find day labor jobs.

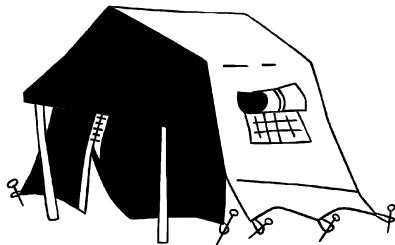
The RCMS program was able to meet Mr. F. where he was at, and advocate for him to receive the services and treatment he needed. He is currently doing well, and he is an active and engaged member of his community.



Reentry Case Management Services #3:

Mr. B was originally referred to the Reentry Case Management Services (RCMS) program for assistance with connection to co-occurring disorders treatment. He was serving his sentence at the King County Correctional Facility. Mr. B was assisted with obtaining a permanent, reduced fare bus pass and enrollment in DSHS benefits. Upon his release from custody (on a Friday), Mr. B. was scheduled to move into clean and sober housing. However, he wanted to check in with his friend and pick up his belongings and move into his housing on Monday. Although he reported this particular friend being a positive support, Mr. B relapsed and did not check in with RCMS staff or his Department of Corrections (DOC) community corrections officer (CCO).

He was arrested due to CCO. A RCMS case visited Mr. B in jail. He and not wanting to he should have lis-manager. Mr. B was nity to move into clean reported wanting to be with his signifi-lease, Mr. B has been able to move into his own tent and has taken a leadership role at Tent City. He continues to check in on time with his CCO and has made improvements. RCMS staff are continuing to work with Mr. B to link him with mental health services and medication management. According to Mr. B, his priority was to obtain housing first and subsequently enroll in treatment services. RCMS staff are encouraging him to schedule an intake for mental health services and continue to check-in with his CCO.



failure to report to his manager was notified and reported being scared report to his CCO. He said tened to the reentry case given another opportu-and sober housing, but live at Tent City instead, cant other. Since his re-

Success Story #2

G.S. is a 53-year-old Caucasian male who has had continuous difficulties with alcohol. His original intake session was conducted in jail where he was incarcerated for harassing King County officials. Prior to that, Mr. S. had been sober for 12 years but began drinking again. He was living independently and would tend to isolate himself and drink alone. It had been difficult to engage Mr. S. in treatment and to get him to attend groups and individual sessions. Thank goodness we were his payee because he had to come see us to get his check/allowance.

Mr. S's lease was ending August 31, 2009. He and his treatment team had decided he should move him into an Adult Family Home. Mr. S. moved into the Adult Family Home at the end of August and has been attending groups twice a week. Slowly, he will transition into attending groups daily and has been sober since moving into the Adult Family Home. Mr. S. has been socializing more with his peers and has been able to concentrate and communicate more effectively.



"Fall seven times, stand up eight." — Japanese proverb

Dutch Shisler Service Center, Pioneer Human Services

The Service Center is an accommodation that provides inebriated persons a clean, safe and secure environment to sleep off their intoxication. Clients typically stay up to 12 hours per visit. The Center has the capacity to serve up to 60 people at any one time. Among program offerings are:

- Transportation to and from the facility provided by King County Emergency Services van
- Triage for determination of medical emergencies
- Emergency first aid and referral for follow-up and other health care services
- Visiting nurse services through an Outreach Program
- Safe shelter for sleeping off the effects of alcohol and other drugs
- Clothing replacement and/or laundering
- Fluid nourishment
- Intensive Case Management and Outpatient Chemical Dependency Treatment

Client Success Story: David

David grew up in Louisiana into a family with a history of mental illness and substance abuse problems. He’s well-traveled and has lived up and down the west coast. David has a diagnosis of Bipolar Disorder, Depression, and Schizophrenia but doesn’t like taking medications. In addition to receiving Social Security Disability, David is a street vendor and considers himself an “entrepreneur.”



David began using Dutch Shisler Service Center services in mid-2009 and soon after began working with their Case Manager and Chemical Dependency Counselor. He realized he needed treatment for his alcoholism and worked with the Counselor to complete an initial chemical dependency assessment and a mental health screening. The team was able to quickly route him into in-patient treatment and continued to follow-up with

him throughout his treatment stay. Subsequently, with the Case Manager’s help, David was able to rent a clean and sober room in Everett and continues to receive outpatient services through Community Psychiatric Clinic.

Reentry Case Management Services #2:

Mr. R was referred to the Reentry Case Management Services (RCMS) program for assistance with enrollment in mental health services, with an emphasis on medication management. Upon meeting him, staff identified that Mr. R has a traumatic brain injury. While assisting him with his application for DSHS, Mr. R was asked to provide documentation on his legal status in the U.S. He was not able to provide this as he could not recall where he was born, and when his mother was asked, she did not know at that time due to her high level of intoxication. Without access to DSHS benefits, Mr. R would normally have limited access to medical, mental health, and substance abuse treatment services.

Mr. R. was admitted to Harborview Medical Center to have his pancreas removed. Having difficulty with the English language, he was assisted with contacting Sound Mental Health for an intake into chemical dependency and mental health services. He was accepted and scheduled for an intake due to the length of his homelessness and severity of symptoms; these services are covered by Mental Illness Drug Dependency (MIDD) program funding. For medical services and medications, Mr. R. has been linked to the county hospital which has special funding for persons who have no other options.

In the past, Mr. R. has had difficulty keeping appointments , setting up services, and maintaining compliance with probation because he does not have the cognitive capacity to follow through, has complex needs, and experiences significant anxiety. Through coaching, setting up appropriate interventions, and attending appointments with him, RCMS has helped Mr. R has learn to connect with services. He is now able to maintain compliance with the Department of Corrections and has been able to remain in the community.

Mr. R is clean and sober and is motivated in his recovery. His mood and appearance have improved and continue to do so. RCMS staff will continue to work with Mr. R to ensure that he is connecting with outpatient services; they will continue to assist in determining his legal status in order to provide linkage to housing and other ongoing services that address his basic needs and overall health.

Reentry Case Management Services #1:

Ms. G was released to the Reentry Case Management Services (RCMS) program from a municipal jail where she was put into solitary confinement for behavior problems (ripping up her clothes, flooding the toilet in her cell, and wiping her menstrual blood on the walls). She was not medicated and, when RCMS staff did the intake, they learned that prior to incarceration she had been in a severely abusive relationship with a man who was prostituting her for drugs and money. On the day of her release, RCMS staff took Ms. G to the ER so she could be stabilized on medications. However, when the ER staff took her blood pressure, it was so high that Ms. G was put on stroke watch and couldn't leave the hospital until late that night. Her mental health was not considered a priority due to her serious medical needs.

Reentry was able to place Ms. G in clean and sober housing that night, as opposed to the streets where she would encounter her abuser. This house provided a safe environment for her, and the other residents enjoyed her sharing attitude. However, she wasn't sleeping and she caused some concern when she cooked all the food in the house and tried to round up the residents in the middle of the night. As more serious incidents transpired over the next couple of days, it became clear that Ms. G was a risk to herself and the community due to her mental instability.

Multiple attempts to stabilize her on medication were set back by her low level of functioning to the point where she had to be voluntarily committed to a mental health inpatient program or she would likely have been re-arrested for her bizarre and unsafe behaviors. Over the course of her 40-day inpatient stay, Ms. G was stabilized on medications during which time RCMS staff worked with her, the inpatient staff, and the mental health court to ensure that she would be released with a plan for success. On the day of her release from inpatient, RCMS staff picked her up returned her to her housing. Staff also assisted her in obtaining a medical coupon, medications, and basic needs such as clothing and food, secured her Supplemental Security Income, and assisted her in going to the bank and paying her rent. With RCMS staff involvement, the manager at her housing is working with Ms. G to ensure she takes her medications.

Ms. G is now functioning independently. Twice a month, she checks in with her probation officer who no longer feels that she is a threat to the community. RCMS staff connected Ms. G to Emerald House, part of Sound Mental Health, where she now spends her days gardening, cooking meals, making art, and contributing to the client-run monthly newsletter. Ms. G has progressed from an unstable life on the streets - where she was an easily targeted victim - and incarceration to an independent life where she is continually growing, learning new skills, and in recovery.

Client Success Story: Bill

Just a few years ago, Bill had what most people want – a home, a wife and kids, and a good job. He'd always drunk and gambled but for the most part, he thought he'd been able to keep it together. Unfortunately, his family didn't agree and things went downhill from there. He started drinking on the job and eventually was fired. He couldn't afford his mortgage and his wife soon asked for a divorce. Without a place to live, Bill ended up at a shelter in Seattle. He thought it would only be for a couple of months until he could get back on his feet. Three years later he was 60 years old, still homeless, unemployed and his drinking was worse than ever. He frequented local hospitals for alcohol withdrawal and was in-patient three times for falls sustained while he was drinking. By then, he was often so drunk shelters wouldn't even take him. He ended up at Pioneer Human Service's Dutch Shisler Sobering Center and started talking with the case manager there.

Bill's life had been a series of let-downs and he was still hesitant to open up and talk with anyone. He knew he had a drinking problem but wasn't sure about chemical dependency treatment. He thought if he could only get a job and a place to stay that things would be alright. His pride had always kept him from asking for help. After a few months, he felt comfortable with the Sobering Case Manager, Rachel, and was willing to accept help. By September 2009, Bill had food stamps, a primary care doctor, and he had moved into the Wintonia Apartments. The Wintonia Apartments, run by the Archdiocesan Housing Authority and Catholic Community Services, provide permanent housing and supportive services to chronic alcoholics. Although he still drinks, he doesn't drink as much and he hasn't been back to the hospital in several months. He's made friends at the Wintonia, is healthier than he's been in along time, and finally feels that there's hope for him.

The Co-occurring Residential Program, Pioneer Human Services

The Co-Occurring Residential Program opened in March 2006. Formerly Bi-CORP, its clients are dually diagnosed adults (mentally ill and chemically dependent), against whom a prosecuting attorney has filed charges, and who are non-violent offenders within a Drug Court program. With a length of stay from 60-90 days (based on the American Society of Addiction Medicine-ASAM criteria), CORP is the only long-term residential program of its kind in Washington State. A comprehensive range of services geared to treatment-resistant individuals is provided to meet the needs of this population. Service delivery is coordinated in a therapeutic milieu by an interdisciplinary team of licensed physicians, psychiatrists, mental health therapists, chemical dependency professionals, case managers, and other specialists.

The mission of Pioneer Human Services is to provide a chance for change to people overcoming the challenges of chemical dependency, mental health issues, or criminal histories by offering an integrated array of housing, employment, training, reentry, and treatment services, using earned revenue from our entrepreneurial activities.

Client Success Story: Sarah

Sarah is a 28-year-old recently new mother of an eight-month-old healthy baby boy. Sarah reported, “I had a serious heroin and cocaine addiction. My life was out of control. Basically, I lived to use and used to live.” Prior to treatment for her co-occurring disorders, Sarah explained, “I had seven warrants for drug possession, I was extremely withdrawn from society and I had no family support except from my significant other.”

Sarah left her childhood home when she was 12 years old to get away from her mother’s alcoholism and neglect. She was not going to school; she was running the streets and becoming involved with older men who physically and emotionally abused her. This lasted for a 12year period. , “I had no idea how to break the cycle of violence and it just kept repeating itself and all of the time worsening,” she says.

Her circumstances and drug possession history were brought to the attention of King County Drug Court in 2005 and she opted into the King County Drug Diversion Court in 2006. She was referred for 90 days of treatment to Bi-County Co-Occurring Residential Program (Bi-CORP) in July 2007. As she describes it, “ When I first came to Bi-CORP, I was angry, confused, and lost. I was blaming and using all my problems to use and hurting myself. I thought I was getting back at everyone who wronged me. I didn’t understand I needed to deal with why I was abusing drugs and I needed to face my

Impact is a program that helps me when I need somebody to talk to and if I don’t, everything for the day does not go smoothly, and I have time on my hand. I know I can sit in this place until closing time. I know when I can’t pay my rent they will help me if I need to vent about something, I know I can talk to some of the counselors, if my counselor is not around. The counselors are wonderful people. They are really helpful.

Please take this into consideration. I need this place to keep my sobriety and my groups they really keep me on my toes.

Thank you



They helped save my life. Before I came to this program, I was bankrupt internally, spiritually, physically, and psychologically. I was a lost soul who thought that the only road that I could walk was without hope or being able to feel love—lost, I guess you can say.

Now I am able to get my medicines to help me with my mental issues and illness, housing , and I feel love and hope now. My housing and food situation is not something that I now have to worry about and now that I am living a better life, I have this fear that has reappeared due to the programs being at risk. I pray for a miracle and hope that there is a voice to speak for us.

Four Impact Program Client Statements

The Impact program has drastically changed my whole life. Before the Impact Program, I was a daily crack cocaine user with NO FUTURE.

Through Impact, I am presently enrolled in college, seeking an education in chemical dependency. I also volunteer at a facility that caters to the homeless and low-income people that need to bathe and wash their clothes.

Because of the much-needed services Impact provides, I am stable.

Please, my son and I ask you from the bottom our hearts not to change or alter the Impact program, because its helped us change our lives.



I’m from New Orleans and I’m still traveling since Hurricane Katrina. Upon arriving in Seattle and being homeless for the first time, and experiencing the Washington life, I became frustrated with many things, so I became angry and lashed out and went to jail for anger problems I don’t have. While I was in jail, I heard about the Impact program and what it offers: help for those in need. It made me relieved while in jail for anger problems.

So, since I’ve been in the program I’ve calmed the mental storm I was experiencing. I believe in Impact, because whatever your problems are or whatever your drugs of choice are, it teaches self-control to the person suffering.

problems instead of burying them. At BICORP with individual and group mental health counseling I realized I had feelings, I was a human being and I wanted to be happy and could have a life worth living. This could happen if I faced my problems, loved myself, and made essential changes. What I changed was my thinking, my behavior, my relationships, and my ability to solve my problems. With drug and medical education I learned about the effects on my brain and my body and looked at what I needed to know about and do to prevent relapse. I successfully completed the 90-day residential program and intensive outpatient treatment, and I graduated from the Drug Court Program September 9th, 2009. I am currently in the process of completing my GED and planning to enter community college.”



Sarah and her significant other are meeting the challenges of parenting three boys and Sarah reported, “I am taking time to appreciate the smaller things in life. I am most proud of being able to be a role model for the boys that nothing is impossible.” Sarah remembers fondly hearing the Judge say at her Drug Court graduation “I believe in miracles after I see your accomplishments.” About herself she says, “I am most proud of my sobriety and my son. I am grateful that I have a second chance to have a good life and provide for my kids.”

Harborview Addictions Program (HAP)

The Harborview Addictions Program (HAP) in Seattle, established in 1999, is a state-certified treatment unit providing outpatient counseling for substance use disorders. HAP staff work with clients to successfully address the physiological, psychological, emotional, and spiritual effects of addiction and to promote abstinence. Treatment is also provided to individuals with co-occurring chemical dependency and mental health disorders, those in need of opiate replacement therapy and patients with co-morbid medical issues. Counseling methods encompass a variety of evidenced-based techniques that have been scientifically proven to reduce and/or eliminate inappropriate substance use. Treatment is tailored to each patient’s needs. Program staff include board-certified psychiatrists, psychiatric residents, primary care physicians, master’s level therapists and chemical dependency professionals. HAP receives funding from Washington State, King County, the City of Seattle, and private insurance.

Devin Ensz’s Story

I began treatment for alcohol/drug addiction as a condition of the court in December of 2008, and for the first time in eight years have not used drugs or alcohol for an extended period: one year this December 3. When I started treatment I had little conception of personal responsibility or accountability to others and was struggling to make any sort of progress in my life. Going



through the counseling process has given me a sense of structure, confidence, and self control that had eluded me since high school. I have been able to accomplish goals that I had put off for years while in active addiction. I have applied to a local university and I’m taking preliminary course work at a community college. I have re-examined and re-asserted key relationships in my life through psychiatric counseling. I’m paying off several large debts. I started playing tuba again and have played extensively in Seattle and on a national tour.

Counseling has changed my relationship with me from one of apathy and self-pity to one of hope and self-respect. It has give me the mental tools necessary to pursue my life

goals.

The Impact (CPC) program is the best program I have ever been in. The #1 thing I love the most is the counselors. They really care about the clients. Right now the CPC program ha kept me off of the streets. They have made it so that I have a place to live, eat and sleep. That was the #1 thing. Also, they have given me all the hope I need to succeed. This program is the type of program that makes you want to keep coming back. I do know that CPC has a lot more resources after I graduate, and I plan on getting that and everything they have to offer. I also appreciate this program so much!



I’m a client of CPC Impact group and this program has really helped me in areas of my life that I thought that never could be helped. If it had not been for IMPACT, no telling where I’d be in my life, maybe on crack or even dead. I understand it’s by will of choice that we have the choice to be what we want, and I chose to be a part of this program that really has made a dramatic change in my life. I just want to thank all the beautiful staff at the CPC Impact program, which is really making differences in people’s lives that want it.



It has been a blessing to come to CPC. They have provided treatment for both my addiction and my mental health issues, and given me a home for almost a year now. I couldn’t or wouldn’t have gotten clean and sober without their professional help that they gave me. Having one on one’s with my case worker, Helen Thorsen and her true heart in wanting to help me, I would still be out there using.

If you want to help the people sick in their disease, please keep this program going. The housing is also very important. It would be very hard to be homeless and get to classes on time.

Five Impact Program Client Statements

I was sent to Mental Health Court in July 2008 after a DUI in April of 2007. Subsequently, I entered the CPC Impact program. After a 24-year remission from alcoholism, I relapsed for 5 years. Currently, I am abstinent from all drugs and will celebrate one year of sobriety May 15, 2009.

These last eight months in “Impact” have been remarkable. I have had a mental health diagnosis since I was seventeen years old. At 49 years old, I was given a dual diagnosis and began mental health treatment as well as alcohol treatment.

The treatment: Providers at CPC enabled me to understand how important it was for these issues to be addressed together in order for a full recovery to occur in me. Their expertise and compassion was the key to understanding my disease and developing a plan to live without drugs and alcohol permanently. I have returned to my profession as an RN and plan to continue to receive support through CPC in the future.

I sincerely ask you to reconsider budget cuts to Impact.



The Impact program is to me a life-saving place for my dual diagnosis problems. I have used for 20 years, but because the Impact program at CPC is helping me where no other program has, I have actually been clean for 7 months.

I feel for me this was only because I had the right help with my problems—mental illness and drug dependence—because they go together like two peas in a pod.

Thank you for your time.

Christopher Keith’s Story: What Treatment Has Done for Me

To be perfectly honest, I was a hot mess before I entered into treatment. I was out of control and couldn’t stay out of prison. After entering treatment and getting some help, my life has changed. Besides giving me some good solid information that has helped me on a journey of recovery, I have developed some really good support with the staff at Harborview Addictions. I am able to be honest with the staff and tell them what is going on with me. Which in turn allows them to help me help myself. I know for sure that had I not enrolled in treatment, I wouldn’t be where I am at now. And I know other people that have been helped by the staff at Harborview Addictions. It would be a shame to lose this program.

The bottom line is this: the state can pay for people to get help or they can pay to keep people in jails, prisons, and other institutions that are more costly and less effective. Because when the same people get out, they have no tools to change their position in life. They have developed no coping skills to deal with life ,so without a doubt they will resort back to what they know. I am able to say this not because I read it in some book somewhere, but because I have repeated the process over and over again.

So I say, put people over money because in the long run you get both. A productive citizen that can and will be a part of the community. Someone that will be able to give back to the community in ways others can’t.

The bottom line is this: the state can pay for people to get help or they can pay to keep people in jails, prisons, and other Institutions.

Harborview Addictions Program (HAP)

Anna’s Story

Anna is 34 years old and had been using drugs and alcohol for 22 years at the time she started treatment at the Harborview Addictions Program (HAP) in Seattle. Anna didn’t know her biological family and was raised on the streets “without a place to call my own,” although she ultimately had a loving foster father who continues to be in her life. Close to the time that Anna started using drugs and alcohol, at age 12, Anna started breaking the law. After having dropped out of school in the 8th grade, Anna earned her GED while in custody as a juvenile. She describes herself at that time as not getting along with people, “very quiet and anti-social.”

The circumstance that brought Anna to HAP was a drug arrest in November 2008. Her case was picked up by King County Drug Diversion Court.

Anna attended and completed an intensive outpatient program (IOP) with solid attendance and participation. Anna says of her counselor in IOP, “Adriane has helped me deal with a lot of issues such as anger, low self-esteem, fears, co-dependency, and my life patterns.”

Anna now sees “a new me.” She is facing her problems instead of using drugs and alcohol now. Anna also often helps others in the program who need support.

Anna is in relapse prevention group now and is continuing to develop the skills she needs to remain clean and sober.

“I’m happy that the Addictions program was here for me to help me see that I am a better person than I was labeled as.”

Mr. X

Mr. X is 19 and has been using opiates since he was 14 years old. When he came to Impact, he was living on the streets. His life consisted of using drugs, selling drugs in order to obtain drugs, petty theft (mostly stealing food to eat) and - when all else failed - prostituting himself for drugs. Mr. X grew up in a troubled middle class family in Bothell and was the proverbial kid next door until he hit the streets.

When he entered the Impact program, his long hair was completely matted and his head had to be shaved. In addition to his addiction to heroin, Mr. X had significant obsessive compulsive disorder (OCD) symptoms that made his life very difficult. Before entering a room, he had to do a ritual that involved turning in circles, chanting, and kissing or licking the ground. If he became nervous, Mr. X would have to repeat this ritual again and again. He also needed to repeatedly wash his hands.

Mr. X had a rough start at Impact as he seemed to be stuck in the cycle of drug use, homelessness, and jail. He entered the program in June of 2008, and by November he had been to jail again and failed inpatient treatment without a remission in his heroin use. Mr. X was released from jail on Thanksgiving weekend and was told to report to Impact on Monday. However, he used heroin over the weekend and ended up getting arrested at Safeway for stealing a turkey sandwich. This was the turning point for Mr. X; he came to understand that he wouldn't live much longer if he continued his current lifestyle. He had a major turn around and was detoxed from heroin and completed inpatient treatment.

Mr. X has been clean and sober since February 2009. He has begun taking his psychiatric medication daily, and his OCD symptoms have been greatly reduced. Mr. X is attending IOP regularly, living in clean and sober housing. He is learning the tools for a healthy life, and he wants to return to classes to obtain his GED and then enter community college. Working with Mr. X has been both challenging and inspiring. This has truly been a community effort by the staff of Impact, Seattle Municipal Mental Health Court, Seattle Municipal Court Probation, and the jail, as well as his mother - all of whom never gave up on Mr. X.

Two Impact Program Vignettes

Mr. E

Mr. E. has been involved in the criminal justice system for many years, making the rounds of petty crime, jail, and the streets. Most of his time is spent camping out on city streets and in parks, struggling with the effects of heroin. Mr. E's mental health treatment at Community Psychiatric Clinic started in 1996 and he was diagnosed with Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, and Antisocial Personality Disorder. His emotions can swing from extreme distress to anger on a moment-to-moment basis. Mr. E's emotional issues are compounded by addictions to heroin, methamphetamine, cocaine, and marijuana, as well as by an extensive legal history.

He had a rocky start at the Impact program, but Mr. E seemed to have an honest desire to stabilize his mental health and chemical dependency issues. He relapsed shortly after beginning the program and was transferred to inpatient treatment. Thereafter, Mr. E was able to maintain his sobriety, medication management, and sober living for a few months. The holidays arrived and he wanted to reconnect with his family, but unfortunately they did not want any contact with him. Mr. E relapsed shortly before the holidays started, and he spent many months using, with multiple incarcerations. Finally, through collaboration with his probation officer, BiCorp Program staff, and RJC staff, IMPACT staff were able to take him directly to treatment at BiCorp from jail. Mr. E almost made it through the BiCorp program, but he started a relationship with a fellow patient and was consequently discharged 10 days early. The relationship seemed to cause a great deal of distraction and complication in his life and he relapsed. Fortunately, Mr. E had gained enough momentum, motivation, and support that he was able to get back on track in his sobriety. In 2008 he experienced his first sober holiday season in many years.

Today, Mr. E's recovery remains strong. He attends an AA meeting every day and lives in sober housing. He has made contact with supportive family, and he looks forward to getting a job. Integrated co-occurring treatment was the right match for Mr. E. and the results have been transformative.

Success Story: Susan

Though I am considered a success story, I am a little humbled by this privilege, to think of myself that way. So much of my success and continued success lays in the hands of my H.P. (God) and those who came before me. It will be a year on November 13th since I graduated KC Drug Diversion Court, it was quite a journey, another chapter. What happened, what it was like and where I'm at today?

My name is Susan, and I am an alcoholic/addict. Getting caught up once again (my last run), I was facing 5-10 years in WCCW. My life before I got to that point was based on where my next hit of crack was to come from. Crack was my last and final drug of choice. I started with alcohol at 14. I was emotionally, mentally, physically and spiritually sick. I needed help. When I was allowed to enter Drug Court (which I believed took some debating due to my past record), I spent my first 6 months of sobriety incarcerated, the first 5 months in KC jail then 1 month in work release.

While in work release I began the path to recovery. In Sept. 2007 I was assessed for treatment at Harborview Mental Health and Addictions Program; that became a relationship and program that literally helped to save my life. The empathy and understanding I was given by my counselor (Adriane), and her power of discernment helped me to learn who I am (and still learning). She assisted me in overcoming fears and obstacles. She referred me to the Harborview Trauma Center, where I was able begin working through a traumatic experience I had been holding onto since the age of 14, which I found has formed my dysfunctional thinking, behaviors and thoughts. My counselor there was very compassionate (Cecelia Ortez), she really opened my eyes, for so long I didn't realize how one horrible event in my life as a young girl, could structure every action and response to any situation I found myself in, especially with relationships in my life. By the way did I mention that I am 53, have been married twice and have several affairs in my past. Just to give you a better understanding. I counseled with Adriane for almost two years, I also counseled with Dr. Yulondes-Flores for my depression. The fact that I could get all that help within blocks of each other was a great thing for me: when I started I was afraid to ride a bus! I lived in a Recovery house for 16 months until I was sure I was ready to live on my own, and had the ability to live one day at a time, living life on life's terms. Well, where I'm at today, I have a day off from College, yes, College, who'd a thought!!! Life is good just for today. I'm studying to get my CDP, in hopes that I can help those who are like myself, and add a little of my experience, strength and hope along the way, just like I received from the wonderful staff at Harborview.

Sincerely, Susan

Harborview Addictions Program (HAP)

Colleen Hogle’s Story

My name is Colleen Hogle; I am a 49-year-old Caucasian, college-degreed, late-stage female alcoholic. I have been in inpatient treatment twice. The longest I have been sober was 17.5 months, relapsing in Sept 2007. I was hospitalized with severe brain trauma related to this relapse, but even that did not keep me sober for long. Over the years, I have lost the use of my legs on five separate occasions while intoxicated.

The time (now at 5.5 months) sobriety is not because of the fact I was scared or that I had hit rock bottom, it is because of my participation in brief therapy at Harborview which has given me guidelines to set up a new path in my life based on sobriety and appreciation of life.

When I was in ICU at Harborview in June, 2009, Jerry Lubeck came to my room and told me about funding that could provide me with some gratis brief therapy at Harborview. I called Holly and asked her if she had time for another alcoholic in the greater Puget Sound area. Graciously, she say yes, and we set an appointment.

It is this routine of “checking in” and hour sessions with holly that has aided my continual sobriety these first 5.5 months. I feel that the importance of getting a sponsor, working the steps and attending meetings, both AA and Al Anon, are simple things and basic knowledge in recovery, but hearing them from her and having another person in my life (besides family and friends) that I respect, has made a world of difference in how I am running my program! I am grateful for just the fact that someone was in there with me in this fight who knew the tools to give me the best fighting chance to not relapse and die.

I have felt from day one tat I can trust Holly. She has my best interest at heart. She sheds light on typical life scenarios that could lead to potential relapse. I not only receive an objective opinion and an outside view of matters, but she gives me insight and permission to set boundaries and reset them as need be. Holly helped me evaluate the relationships in my life, which has proved to be critical in my efforts.

Typing a daily gratitude list and adding two new things daily has been most beneficial. Holly so encouraged and emphasized the importance of attending meetings. I finally made the time for more than just one meeting a week about 90 days into my sobriety; this is definitely not something I would have done without her prodding. Attaining a sponsor has been a big hurdle for me, but with her empha

Community Psychiatric Clinic, Impact

Client Statement #1

I have been a clean and sober person now for twenty months, all due to the CPC Impact 1-year Program, which I completed on November 12, 2008.

I was released to the CPC staff back in November 07 from the King County Jail through the Sound Mental Health Program in the jail. Before I was released I started prayer to God asking Him to guide me to learn how to stay clean and sober. That’s when the CPC Impact Program and staff came into my life November 07(the best thing that ever happened to me). I love the CPC staff because for the whole year I was in the Impact Program I did everything they suggested to me. Plus I stayed focus on my recovery and paid attention in the groups and the AA meeting, which I still attend.

I’m 36 years old. I have 1 son Andrew and one on the way. I’ve been using alcohol and drugs since the age of 7 years old. My background is one old dysfunctional up bringing, mother alcoholic, and father heroin addict. I’m the youngest of 5. Lots of neglect and abuse in foster homes. I grew up with a father who stuck needles in his arms for years. He died at 42 years old. I grew up feeling angry, hurt and confused. I used drugs to forget a lot. CPC has been a huge impact in my personal life. When they found me in Jail, I was homeless on and off for years. I had very little hope--my outlook for any kind of future was none. It took a lot of work and trust on my part, but on 12/13/08 I graduated from the program on 11-19/08. I will have 12 months sober what have I got out of CPC Impact program and what has it done for my life and sobriety.

First having recovered drug addicts, our counselors are very important because we, “I” can relate to them. The one on one therapy I had with “Nan,” who was a counselor at CPC-was very helpful. I was able to open up so much and let go of a lot to grow. The classes have all helped me out. They gave me insight to my disease. The staff peer counselors-doctors. I came here feeling lost scared I will be leaving I have a sense of feeling together. My life is going in a positive direction. I have a job, my own apartment, almost one year sober and feel good emotionally, spiritually and mentally. These people really care about me. I don’t feel alone and scared anymore.

Thank you all staff at CPC May 12, 2009

(CJI, continued)

assistance for those participants who are at risk of homelessness. Through July 2009, SMH conducted 444 intakes into the program. Additionally, 88 program participants (20 percent of total intakes) received rental assistance through July 2009, averaging \$1,368 per recipient.

7. Substance Abuse Treatment Services at CCAP (3-month benefit, on average)

Intensive outpatient and outpatient substance abuse treatment services are available to eligible and clinically appropriate offender-clients who are court-ordered to CCAP by King County District or Superior Courts. Substance abuse treatment services are provided via contract with SMH (formally provided by CPC through March 2007). SMH staff persons facilitate cognitive-behavioral programming, including Moral Reconation Therapy, as well. From April 2004 through July 2009, 982 clients were admitted to substance abuse treatment at CCAP.

8. Transitional Recovery Program at the RJC (2-month benefit)

Pioneer Human Services provides chemical dependency treatment services at the RJC to offender-clients referred from King County Drug Diversion Court (primarily). From February 2005 through mid-September 2009, 632 Drug Court participants (439 men and 193 women) completed the 60-day program.

9. Forensic Assertive Community Treatment (FACT) Program (time unlimited benefit). SMH operates the FACT Program, which is targeted at the highest utilizers of the King County Jail who have mental illness, likely to be homeless, and have a co-occurring substance abuse disorder. The FACT program began in January 2008 and SMH has enrolled 42 participants through August 2009 and is actively engaging another seven individuals. FACT program capacity is 50 participants.

10. Forensic Intensive Supportive Housing (F.I.S.H.) Program (time unlimited benefit)

SMH operates the F.I.S.H. Program, an intensive supportive housing first project that is tailored to provide effective prevention and intervention strategies for homeless defendants who are most at-risk and most in need to reduce or prevent more acute illness, high-risk behaviors, incarceration and other emergency medical needs or crisis services. F.I.S.H. program capacity is 60 participants and the program began in April 2009. The F.I.S.H. team housed 21 participants through August 2009.

sizing the importance, I now have a sponsor I can trust! I am creating a support system that can keep me clean and sober and strengthen my long-term recovery as this counseling draws to an end.

I have especially benefited from the advice of self care and positive “self talk.” Also, learning to “place more value on myself” has paid off. These suggestions I had never before put in practice, in spite of the dozens of self-help books I have read over the decades. In short, I would say that because someone cares, I felt I had to report in and be accountable. I have benefited from use of positive affirmation cards, handouts, etcetera.

My long-term goals are nothing glamorous, other than I have set into motion and am setting the stage for my 50s. I plan to volunteer for the organization, “Women in Need” in addition to taking care of my two Metro “Adopt a Stop Cans” mid January. I now make a habit of taking the time to attend three or more AA or Alanon meetings, along with my church attendance.

Without prompting, most of my family members and friends have made it a point to disclose to me that my attitude toward my program and sobriety differs in comparison to past attempts. Each person that mentions this, says they are continually amazed at my “mindset,” the time I now dedicate to my Program, and they all are every so grateful that staying sober is priority one to me!



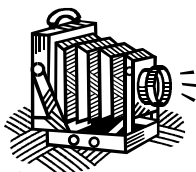
Harborview Mental Health and Addictions Services

Client Success Story: Glenn

Glenn is 43-year-old army veteran. He sought treatment at Harborview Mental Health Services (HMHS) and with the Harborview Addictions Program (HAP) after a long history of PTSD and depression and after becoming dependent on heroin. At that time, Glenn was homeless, living in bunkhouses or tents, and his anxiety and depression were severe.

Since starting treatment at HMHS in May 2009 and HAP in August 2009, Glenn has moved into transitional housing, which was obtained with assistance from HMHS providers. He has experienced a significant decrease in depression symptoms, which are well managed with psychiatric medications. Glenn stopped using opioids and any other substances immediately after starting Suboxone treatment with HAP, despite the challenge of being homeless during the first nine weeks of his treatment.

Glenn is now eating well and enjoying cooking for himself in his home, when previously his nutrition was extremely poor and he was underweight. He takes great pride in his new home and is looking forward to decorating his space. He is attending sober support groups on a regular basis in addition to the outpatient treatments he receives at HMHS/HAP. Off drugs, with relief from depression symptoms, Glenn is now able to develop his interests and enjoys learning about antiques and military collectibles as well as military history. He attends weekly therapy sessions with a psychiatry resident to address his PTSD symptoms, and he is hopeful that these can eventually be decreased and that he will one day be able to return to work. As a step towards this goal, Glenn hopes to use his fluency in German to obtain part-time work as a German tutor in the near future.



offender-clients in applying for publicly funded treatment services and benefits prior to and after release. The assigned financial and social workers processed 4,669 DSHS applications from May 2004 through July 2009. SMH has conducted 780 psychiatric evaluations as requested by DSHS for applications processed from January 2006 through July 2009. The assigned case monitors conducted 1,956 jail-based ADATSA assessments during the period May 2004 through July 2009.

3. Housing Voucher and Case Management Program (6-month benefit)

Dedicated housing options are available for eligible specialty court, **Community Center for Alternative Programs (CCAP)**, and Work Education Release (upon release) clients in King County via the Housing Voucher and Case Management Program. The program, managed by SMH, provides permanent housing search, case management and stabilization services to homeless clients with substance abuse and/or mental health disorders. From May 2003 through July 2009, 1,075 clients were placed in the program.

4. Mental Health Release/Discharge Planning via Criminal Justice Liaisons

SMH provides four criminal justice liaisons who are stationed at KCCF, Work/Education Release (MIDD funded), CCAP, and South/East King County (municipal jails and RJC) to engage, refer, and link eligible offenders with mental illness, including those who have co-occurring substance abuse disorders and may be homeless upon release, to post-release treatment and support services. Combined, the liaisons received 7,356 referrals from September 2003 through July 2009.

5. Medical/Chemical Dependency Release Planning Services via Jail Health Services

The King County Jail Health Services' release planners provide in-custody case management and placement services upon release in skilled nursing and hospice care, referral to chemical dependency services, and collaboration with the criminal justice liaisons with especially complex, high-need inmate-patients with co-occurring disorders and medical concerns. Release Planners worked with 1,260 unduplicated inmate-patients from January 2008 through June 2009.

6. Reentry Case Management Services Program (3-month benefit)

Reentry case management services are targeted at Community Corrections Division participants and individuals with mental illness and/or substance abuse disorders who are transitioning from jail to treatment and support services in the community. The program is operated by SMH and initial referrals were made in April 2007. Reentry services are provided for up to 90 days per person including rental

Criminal Justice Continuum of Care Initiatives (CJI), September '09

The intent of the Criminal Justice Continuum of Care Initiatives is to ensure that adult persons who are not a public safety threat and who are significantly impaired by substance abuse, mental illness, or both, and are involved repeatedly or for significant duration in the criminal justice system, "receive a continuum of treatment services that is coordinated, efficient, and effective, and that reduces their rate of re-offense and jail time." This model requires that services begin after the initial encounter by law enforcement and continue through post-release, community-based treatment with few if any gaps in service. Offender-clients should have access to coordinated housing and services that are continually evaluated for effectiveness in reducing the rate of re-arrest. The components of the project are:

1. Co-occurring Disorders (COD) Programs (12-month benefit)

Community Psychiatric Clinic (CPC) and Sound Mental Health (SMH) provide co-occurring mental health and chemical dependency outpatient treatment, including housing stabilization, for appropriate and eligible adult offender-clients referred from a local specialty court (Drug Diversion Court, King County District Mental Health Court, or Seattle Municipal Mental Health Court). Since August 2003, 461 specialty court clients were admitted into COD treatment through December 2008. Due to budget reductions, only one treatment agency will provide services to this population effective January 2010.

CPC was selected by a panel of specialty court representatives to provide an enhanced treatment model incorporating Integrated Dual Disorders Treatment (IDDT) with adherence to fidelity and Moral Reconnection Therapy for the specialty court populations beginning in July 2009. Data from this enhanced program will be tracked separately. Five clients were admitted to IDDT in July 2009.

COD services were expanded to accommodate referrals from the King County Correctional Facility (KCCF) in Seattle, Norm Maleng Regional Justice Center (RJC) in Kent, and the municipal jails in King County. Referrals were made from KCCF and the RJC beginning in late 2005, and referrals from the Auburn, Enumclaw, Issaquah, Kent, and Renton municipal jails began in early 2006. Through July 2009, 362 individuals were admitted to COD treatment at CPC and SMH directly upon release from jail.

2. Assistance in Applying for Publicly Funded Benefits

Two Alcohol and Drug Addiction Treatment and Support Act (ADATSA) case monitors, three Washington State Department of Social and Health Services (DSHS) financial workers, and two DSHS social workers (one position is currently vacant) are assisting potentially eligible

Client Success Story: Cavin

my name is Cavin and I'm 50 years old. I am the middle child of 11 children. Growing up there were 5 boys at home, the others lived in Chicago. The 5 of us got along well & we were close. Things were happening to me, but I kept that secret to myself, but I still did well in school & in sports. In my teens is when I got into drinking & drugging. Even though my secret was killing me I still held on to it. I would go to treatment 5 times & go thru 13 suicide attempts before my help came to me. I believe with all my heart that had it not been for Harborview Mental Health Services, I would either be still out there or dead. Getting help from these services saved my life. Going into therapy & getting help really changed me & doing the TOP changed it even more. These services help me see that I have a purpose in life & no matter what I've been through I can walk & face it with my head held high & I'm going to be ok. I thank my Counselor Paul & my therapist Maddie for all their help & I will be forever grateful to them. This makes me a success!!

Thank You Cavin

Harborview Mental Health and Addictions Services Success Story

I wanted to tell a little about my involvement with Harborview Medical Center's Alcohol Drug and Mental Health Treatment Services but first I must explain something about myself. I grew up in the Central District of Seattle with six other siblings, five girls-four of which were older than I-one brother, who was four years younger. Although my mother did everything she could possibly do, my dad was one of those men who wanted his woman to cook, clean, and have his dinner ready when he got home. He was a Longshoreman and was normally tired and irritated when he came home. (I'm not sure it was all from work, or from dealing with others while he squandered off the little money he had playing pinochle.) He sometimes was in a jovial mood but most of the time he wasn't and I was scared of him because he would beat me when and if I would forget to take out the garbage. I guess my mom got tired of him beating on her too, so by the time I was 13 they divorced.

My dad's mom made sure my first three sisters were in the Debutante set while my sister closest to me became involved in the church. Since I didn't have any older brother per se, I had a number of older brothers from playing most of the major sports. I stayed away from the house because of those girls. When in school, most of the teachers would want to compare me with "those Botler girls" and I wasn't having it. I did things-most bad things-to show them that I wasn't like them yet I wanted them to know that I was just as smart or event smarter then they were.

At around 10 I discovered marijuana and because I used to steal my father's cigarette butts and try to smoke them like him and they would make me cough, the "weed" didn't do that to me. So around 13 I became more and more involved with weed until I got "busted." I just knew my dad was going to kill me but when he came over he just told me if I wanted to "do stuff like that, you better always know what you're doing and if there is anyone around you better know that they're doing too." My mother said I could do it at home so I wouldn't go out in the street and get busted again. So there's my enabling parents and I was off and running.

Even though my addiction to drugs and alcohol became a part of my life more and more, I still was able to complete high school and put myself through college in Louisiana, got marrjed—against my mother's wishes, although she begrudgingly gave me her blessings—had a baby girl and worked as a sportswriter, but wasn't happy. So I left and moved to Dallas, believing my wife would come to as soon as I got gainful employment. She didn't. That became one of my biggest hurts.

graduated, the next step was taking the test I studied for a week and not only did I pass but I aced the oral exam – the lady who couldn't talk to anybody couldn't shut up.

Since I passed the test I have been looking for a job and keeping busy with my volunteering. I got interested in the King County Warm Line and decided to check out the training, I graduated from the class on Nov. 7th (we also got the opportunity to take Mental Health First Aid and I graduated from that also). I'm now a Warm line call taker and can't wait for my first shift.

My life is good, I have a great relationship with my daughter and the rest of my family. I want to individually thank Terry, Sue, Deborah and Marie, you guys kept my sanity for me when I couldn't.

Wellness Recovery Action Plan (WRAP)

My name is Cindy. I have a mental illness which includes social phobia issues. I spent years struggling with diagnoses, doctors and meds. I knew that I was sick but didn't think there was any way around it. Most of my family and friends didn't know much about mental illness so they just tolerated my behaviors. I got divorced 4 years ago and I really fell apart, my relationship with my daughter was strained. For 2 years I was in and out of the hospital every 2-3 months with many suicide attempts. I was very messed up and didn't have any desire to live. About the same time, I became a client at a King County mental health agency for the first time. I was petrified in this new environment and didn't talk or look at anyone for a long time. But I have been blessed with a great case manager and a wonderful sister, they were there for me and didn't give up on me. My case manager suggested that I go to a support group and I finally did. I met some really nice people who understood what I was going through and I made a friend. I was actually having some fun in my life.

Two years ago my sister encouraged me and my friend to go to a Wellness Recovery Action Plan (WRAP) class – she even offered to go with us. I just went along for the ride and what a ride it was – RECOVERY – right there in my face. At first I didn't take it as seriously as I should have but, week after week I understood more and more and I graduated. I decided to use this WRAP as a way to get some control over how I live my life. I began to talk recovery with my friends. I went 6 months without being in the hospital and people were amazed at the change that I had made in my life. I took WRAP again and found other ways that it can help me in my recovery but, as we know, recovery is not a linear process and due to some medication changes I was back in the hospital and very embarrassed.

Once I got out of the hospital I started to spend time in the resource room at the agency I go to. The lady who ran the room was a "Peer" and she would allow me to spend time in the room and I got more comfortable being around people. I got so comfortable in the room that I was made a volunteer. I really enjoy helping people and I found out what a Peer Specialist is and does. Some friends and my sister believed that I would make a good Peer, believe me I didn't agree with them.

One day out of the blue, I called King County and asked about the Peer classes and requested an application. I mailed off the application and, surprise, the class started in three weeks and I was accepted – oh crap – what had I done. The first day of class I was so nervous that I didn't know if I should laugh or cry. I really enjoyed the class and

I ended up coming back to Seattle and landed a job at the Kingdome in administration but after three years, where I had been promoted a couple times but did not when a new admin took over, I rebelled and "retired". Upon this latest choice, I had this wild idea of selling crack and became my biggest customer. I went through the muck of this until I became addicted and then out of a "divine intervention" I got busted again, only for possession. I was ordered to go to drug court and felt I was getting away, of course I knew everything and was out in eight months. I remained clean-not sober-for seven years and eight months finding gainful employed selling cars, in administration at a competing hospital from Harborview, then teaching special education in the Seattle School District. But I still wasn't content because I still had this desire to use, forgetting all about what had happened to me before.

I had long before joined a church and began doing all the "right" things I felt I should do. Then my mother died and I felt that the pastor who had told me I shouldn't keep saying I was an addict/alcoholic at meetings wasn't concerned enough to my satisfaction, so I quit going to church. Before too long I found myself worse off than I had been the first time I got busted and was "rescued" again by the police.

I say rescued this time because now I had to go to treatment at the Harborview Mental Health Addictions program and found out there that of all my troubles, one of my biggest mental twists was that I had a myriad of "resentments". I resented my dad, mom, teachers, my employers and mostly, me. I didn't want to live life anymore basically because I couldn't handle it on life's terms. What my treatment taught me was that I am an addict/alcoholic no matter what anyone says and that I can now accept that. Before I could not. I also learned that I can be of service to others just by being responsible for myself and not blaming others for my digressions.

I had never had anyone call me on my shortcomings before until I met my counselor Don Martinez. He kept me on my toes but was concerned about me as a person, not just a client of his. He taught me that I can trust people but that I have to set boundaries and stick to them. Most of all Mr. Martinez taught me to listen and not open my mouth so much when I don't know what I think to say.

I feel now that I am a better person for having been in the Harborview Addiction/Mental Health Program and I know that now I want to be and am in the "no-matter-what" group. Nothing, not anything is going to come of me ever using again. Nothing!

Harborview Mental Health and Addictions Services

Client Success Story: Matt Duffy

Before my therapy, I was brought by Seattle Police to Harborview Psychiatric Emergency Services for evaluation because of an incident of “alcoholic insanity.” I had been unemployed for many months; an alcoholic for many years; in a marriage that was failing and dealing with the consequences of an active anger management problem. While in the Harborview Emergency Department, I participated in a screening and was given a referral to counseling through a free program of Brief Therapy provided by King County.

During my therapy, I have been given valuable information and counseling that has helped me to cope with my problems and has given me hope that I can change my life. I am more able to control my anger and my drinking, and have learned ideas that I can use productively for myself and in society.



Without the screening in the HMC Emergency Department, I would not have self-identified or asked anyone for help. Also, had this therapy not been free of charge, I probably would not have participated, viewing counseling and therapy as being prohibitively expensive. I am grateful for this opportunity and hope that programs like this will not only continue but expand to help meet the needs of many people who could benefit from this type of service and might not get help otherwise.

While in treatment she was connected with parenting classes, mental health, GED resources, stable housing, Access to Recovery funds, and public health. Cecilia was able to leave unsafe housing, to set limits with family members who were actively using, and to survive the death of two family members without turning to alcohol or drugs.



"Dreams are renewable. No matter what our age or condition, there are still untapped possibilities within us and new beauty waiting to be born." -- Dale Turner

New Traditions

New Traditions is an outpatient chemical dependency program for women that specializes in working with mothers, offering on-site childcare. New Traditions offers intensive outpatient, outpatient, assessment, relapse prevention, case management and parenting classes. New Traditions has been providing services to women with chemical dependency for one year and three months in the White Center area of Seattle

Client Success Story: Cecilia

Cecilia came to New Traditions in November of 2008. She was six months pregnant and her TANF social worker was concerned that she was struggling with alcoholism and addiction issues. Cecilia says she really didn’t like treatment when she first started, she was pregnant and said coming to groups was difficult as her pregnancy progressed. She said she never considered herself an addict. She begrudgingly began a treatment program because she knew her TANF benefits would be cut if she did not.

Cecilia began to trust her counselor and slowly began to open up about her family history. She described a family ravaged by alcoholism, pointing to several family members who had died of alcoholism or heroin addiction. She began to talk about her immediate family, and her mother’s failing health due to alcohol addiction.

She was worried about her younger sister who was beginning to experiment and stayed out all night. Cecilia found the motivation to stay sober by understanding what addiction had done to her family. She began to connect with a desire to provide a different life for her unborn son.

In group treatment, Cecilia was outspoken, lively and funny. She immediately began to create relationships with her peers. She began to see her story in the other women and continued to open up about her own history of use. Cecilia initially identified as having a problem with marijuana. Soon she began to tell other women, “my counselor thinks I’m an alcoholic and I probably am.” Cecilia says the turning point came when she gave birth to her child, a 9lb, 15oz healthy baby boy. She said she “wanted to make sure her life was straight in order to make sure her son had a straight, good life.”

Today Cecilia is one year sober from marijuana and alcohol. Her son is 9 months old. She has passed two of her GED tests. “Treatment and sobriety made me want to get my GED. When I was using I never thought about going to get my GED, but now with a clear mind I want to be someone and to make my life better.

Client Success Story: Michele Foran, Poet

All my Armor

It’s getting harder
Not to grow colder
And put on my steel armor.
All my castles in the air
Have crumbled to nothing
And I’m left with my lance
And shield, and my rapier tongue.
Everyone I meet wears their armor,
Puts down their visor and we joust
On guard, war-weary and battle-scarred
From the field.
I long to put on a dress of burgundy silk
And dance in the moonlight
All my armor in a pile.

Michele Foran, 49, has been coming to Harborview Mental Health Services since 2003. She has completed the program for her alcohol and substance dependence and has been clean and sober for 11 months. She has volunteered in the Lounge and spends time in the computer lab. Her heart is in her writing, as her poem above suggests. She maintains a blog and writes poetry regularly.

Since she has been involved with HMHS, Michele says, “I feel more secure, like I have a safety net.” Her social network has grown and she feels “empowered and self aware” in a way she had not felt previously. Michele has a Bachelor’s Degree in Russian Studies from Oregon State University. Her goals include returning to graduate school to work on a Master’s Degree. She would like to work as a counselor with others who are traveling a road similar to hers, to offer hope and a hand to others struggling with substance dependence and mental health issues.

Michele’s caseworker is Bruno Nardizzi, MSW. With his help, Michele feels hopeful for a future full of promise, which is already beginning to bloom in the words of her poems.

Harborview Mental Health and Addictions Services: Ms. AD’s Story

AD is a “success story” at Harborview Mental Health Services. She has been coming to HMHS for six years and has received mental health, housing, employment, and addiction services. It was not an easy road for Ms. AD. She states, “I’ve overcome a lot of stuff in my life—abuse (mental and physical), drugs, jail, and isolation from my family.” “I also endured many years of being in a marriage where I was beat and emotionally abused.” “At first I didn’t want to reach out—I wanted to do this by myself.” “Then I realized that I couldn’t cope by myself, so I finally came to Harborview.” “I was angry and defensive. I didn’t trust anyone and I sure wasn’t going to let anyone in.”

AD began her road to recovery. “What helped me the most is that people believed in me that I could do it.” It wasn’t all smooth-going for AD. She struggled to stay sober. “I had been clean for 5 years. Then, I was introduced to the wrong people and I got back started on using drugs.” “I lost my housing and I ended up sleeping on floors, outside, and on people’s couches. I was too proud to go to my kids.”

“For awhile I lived with my niece and I started having people come to cook the stuff (crack cocaine)> She put me out. I felt bad because I hurt her and she tried to help me. Then my son came and got me and I started helping him. This helped me to realize that I could help myself.” “I talked with my counselor, Rena. She knew I could do it. The words she said to me gave me confidence in myself. I just stopped (drugs)—no treatment centers or anything.” “When I stopped I was able to get into clean and sober housing. I started going to meetings and the urges started going away. I would see people I used to use with and I saw that they weren’t going anywhere, and I was going somewhere.”

“Then I really reconnected with my family. I earned their trust again. I was able to start to reach out.” Again, difficulties came her way. AD found out that she had Chronic Kidney Disease, which is what her Mom died from. This was very difficult for her to endure. But she did and AD has continued to stay sober. Currently, she has been sober for 17 months. She graduated from “Clean and Sober Housing” and now has her own independent housing. AD works on the Recycling Team at Harborview Mental Health Services. “My counselor has helped me a lot. I couldn’t have done it without her. I still have a lot of things to work on, but I know now that I can do it and taking drugs is not the answer. I feel depressed and I still look over my back, but it is a lot better than it used to be.”

Not long after, I came in to have a one-on-one with Robin, she told me she was recommending that I go to inpatient. Honestly, I didn’t want to go to inpatient; I was

fighting and fighting it, and proceeded to pretend like I didn’t need the help. I didn’t think that going to inpatient was going to fix me. Upon checking myself into inpatient facility, I was really nervous but at the same time I was anxious to get the help I needed. I checked myself into inpatient on July 15, 2009: that’s my actual sober birthday. I got out of inpatient on August 14, 2009 and by the grace of God, and all the work I have done, I’m still clean today. I almost have four months clean and sober.

When I was an in patient, they told me that not only do I have to change my whole way of thinking, I had to change everything. Wow. That scared me to death. At first I just didn’t think this was possible. I actually followed through with what they told me and got a sponsor. Her name is Leslie and she has about six years of sobriety. I built myself a really strong foundation. I have also attended 200 meetings in 90 days.

My life has changed dramatically in these 4 months I have been clean and sober. I also have a service position at my home group in Auburn at the Methodist church. It’s vital that you give back what has been so freely given to you. The most important thing to remember, your recovery has to be number one priority, because anything you put before your recovery will be the second thing you lose. It doesn’t really matter if you have 24 years or 10 days, your recovery has to come first. I am a firm believer of that and I also think it applies to everyone. I stay passionate about my program and today the desire to not use is stronger than the desire to use. This recovery experience is out on. My life today is so grateful. something you should not miss real, and I am very blessed and

I couldn’t ask for a better strength and hope inspires suffering. Thanks to God that is beyond my wildest

This recovery experience is something you should not miss out on.

life. I hope sharing my experience someone out there who is still and AA I have a whole new life dreams. Camille Trim

Recovery Centers of King County

Recovery Centers of King County (RCKC) in Kent provides outpatient alcohol and drug treatment to the low income and to families without medical insurance. Services may be covered by Medicaid for eligible persons. RCKC bills for services on a sliding fee scale based on income. Some individuals may qualify for State ADATSA funding or other funding subsidies to help pay for their treatment program. Recovery Centers of King County’s staff is compassionate and ultimately committed to serving those whose lives are affected by drugs and alcohol.

Client Success Story: Camille Nicole Trim

My name is Camille Nicole Trim and my story is that I had to learn this recovery thing the hard way. I have used drugs for about 11 years of my adult life. For 11 years I have had weed in my system, and then moved on to methamphetamine. Almost anyone in recovery can relate to parts of my story.

The last time I was in front of the judge I was ordered to have a drug assessment done and follow up with the recommendations. I went and got the assessment done and with that being said I was recommended IOP for three months. During this time I was still very active in my addiction, smoking weed on a day-to- day basis and using methamphetamine. I was told to get a sponsor and a home group and attend three sober support meetings a week. I failed to comply with any of these things. At that time, using drugs was pretty much all I cared about. I almost made it all the way through all three months without getting a UA.

Josie Daniels was my group leader and Robin MacNeill was my primary. In most cases, in out patient when people are still active in their addiction, they usually just don’t show up for group. Well, I did the exact opposite. I would go to class after being up for days at a time. Honestly, at the time I thought I was doing the right thing by not missing groups and it did work for a while. Then one day Josie wanted me to give her a urinalysis. Of course, I knew it was going to test positive so I just told her the truth. I thought I was so slick I even tried forging my sober support meeting slip. Well that didn’t work at all. Josie caught right on to that.

One week later I had to give another urinalysis to see if the levels were coming down at all. I hadn’t smoked for about four days so I figured I would be ok. Wrong again, my levels didn’t go down at all. It actually proved that I was using more and more.

Client Success Story: CBG

CBG was born and raised in Seattle. He was a bright and curious student as child, but his family life disintegrated around him and in 1962, at the age of 12, he turned to drugs. For 47 years he used anything he could get his hands on, but he has been clean now for 168 days.

In spite of his drug use, CBG managed to work in a variety of jobs in electronics and paper manufacturing over the years, and at one point operated his own automotive repair shop with six employees. But things came crashing down around him at the death of his mother, and at that time physicians at Harborview Medical Center suggested he come to Harborview Mental Health Services. It was there he met his Case Worker, Rena Elkins.

With Rena's guidance, CBG began attending group sessions in the clinic. She suggested he might benefit from attending meetings of Alcoholics Anonymous, even though alcohol was the one substance he didn't use. He thought about this suggestion on and off for 6 months. “Do I really want to quit?” he asked himself.

Finally, because quitting would mean he could spend time with his grandchildren, he decided to give quitting a try. “Now I attend 6 or 7 AA meetings here a week, and I tell my story hoping that it can help even one other person," he says.

CBG volunteers with the Recycling Program at Harborview, operating the equipment that crushes and bundles cardboard. He would like to return to work in the electronics field but first wants to further his education at Seattle Central Community College. He believes these goals are achievable now that he is clean.

He would like to return to work in the electronics field but first wants to further his education at Seattle Central Community College. He believes these goals are achievable now that he is clean.

Harborview Emergency Department High Utilizer Program

Success Story #1

Mr. M. had presented to the Harborview Medical Center 11 times in 6 months for cardiac problems, diabetes, and chronic back pain. He had been bed ridden for many weeks, and he complained of increasing pain. His circulation was worsening. Historically, he had been non-compliant with medications and physical therapy, and he was not managing his diabetes well. Mr. M. also abused alcohol daily, was depressed, and was resistant to chemical dependency treatment. Mr. M. had already accessed supportive housing and mental health case management. But he was not well engaged with his mental health case manager who accompanied him as his advocate to his most recent Emergency Department visit. His support person believed his issues were primarily medical and was frustrated that Mr. M. was not improving.

Through a collaborative effort with the High Utilizer Program, a care plan was developed to connect Mr M. with a wider array of services to assist him in his medical and chemical dependency recovery. This included increased outpatient services through the community mental health agency. The focus of his treatment expanded to include: time management, motivational interviewing, effective communication, and the Strengths Perspective modality to encourage Mr. M. through positive reinforcement. The intensity of his mental health services increased. He also returned to physical therapy and began to actively manage his diabetes. The team continued to coordinate his care for six weeks across medical, mental health, chemical dependency treatment, and housing providers.

Mr. M. has begun to improve. He has not returned to Harborview for care in the Emergency Department since this collaboration began. Mr. M. has become more mobile with minimal pain. He has reconnected to his community. He has started on the road to recovery from alcoholism. And he has retained his housing. He has taken steps to secure his driver’s license and once again is hopeful for his future.

Success Story #2

One of the first individuals we served is Donald Demmert, a 39-year-old Native. Donald had been homeless and alcohol dependent for the previous five years. He had lost his housing, his children, his job, and his marriage, as well as the respect his tribe had for him as a drummer. Donald had been to the Emergency Department 24 times in 2008. He was living in doorways. Concerned citizens would call emergency services. His medical problems were growing: he developed cellulites in his face, and he was at risk of losing a toes to frost bite.

“Since I’ve been in treatment, I haven’t had any drugs for seven months.
I finished my GED and have completed two work internships. I have improved my health. I have energy and I feel healthy. I got housing. All nice things. I got back into my art. I’ve learned to be honest with myself and other people. What I’ve been through gives me more empathy for other people. Most importantly, I’ve rebuilt my family ties.”

Evergreen Treatment Services

An artist redesigns her new life—

“Jane” (not her real name) dresses in bright, color-coordinated outfits, carefully groomed for her new life. She has an eye for design, and color, and enjoys doing art-work.

At 22, she’s young to have an opiate addiction. Jane began using alcohol and marijuana in her teens, and dropped out of high school. She used “crack” cocaine and heroin by the time she was 18. Homeless, jobless, she was camping out on the streets with a male companion she said protected her. By the time she was 22, she had been arrested four times for theft, and had been hospitalized to treat injection-site abscesses.

“Before treatment I was sick all the time,” she said. “I had bad relationships with my family and friends. I had to panhandle, beg, borrow, steal. I sold my artwork. I felt ugly; I had a bad complexion,” she said.

“I was kind of a monster when I was using drugs – I’d take advantage of people,” she said with a tone of regret.

Still, even while she had aware of her aberrant behavior, she was compelled by her addiction to keep using drugs. Jane says: “But you have to really hate it before you can get out.”

She came to Evergreen Treatment Services to try Opiate Substitution Treatment (OST). The objective of OST is to find the amount of methadone that blocks the cravings, but keeps patients able to stop using drugs and regain a positive, functional life. Over time, working with a counselor and medical providers, patients can develop recovery and coping skills and perhaps later taper off the medication.

Jane works with another social service agency related to housing and school, and has more than one case manager/counselor to redesign her new life. She takes pride in her accomplishments. She is making restitution to clear her legal obligations. She proudly displays seven months of calendars with a star in every day that she has not used illicit substances.

He was also at imminent risk of withdrawal seizures. The team worked to coordinate care with multiple providers and systems to help decrease his use of emergency services. We worked with different hospitals to find him and offer services. He had been admitted to Harborview and Swedish Hospital. His REACH case manager had a long-standing relationship with him but had difficulty finding him unless he was in jail. We collaborated to arrange a few admissions to detoxification services. He was referred to Involuntary Chemical Dependency treatment and agreed to a 60-day treatment episode at Pioneer Center North.

Upon discharge from that program, we helped to coordinate a discharge plan to supported housing at Thunderbird Housing. He also had support for his rent and a bus pass from Access to Recovery services. During that time, he agreed to clean up his legal issues and was supported in conjunction with the Native American outreach worker from DSHS to attend his court appearances and follow through with their requirements. As he continued to attend outpatient chemical dependency services at Recovery Centers of King County, his psychiatric symptoms became more apparent. He was referred for services to Seattle Indian Health Board for mental health care.



Not only was he successful, but the care coordination also benefited the system by interrupting a cycle in accessing the jail and Emergency Department services. He has not returned to jail since being arrested, while he was on his way to a recovery meeting, for failure to appear on a warrant. He has not returned to Harborview for emergency care since January 2009 when he was engaged in case management services. In the six months previous to being engaged in High Utilizer Case Management, his Emergency Department costs were about \$170,000.

Today, he remains sober and is living independently with ongoing mental health services and his natural support system. This summer he attended Pow Wows and reconnected with his family. He has become a leader in his community by supporting a sober life style. He hopes to return to work and feels he is closer to earning the respect necessary to participate in the drum circle again. (Read Donald’s story in his own words, “And Still I Stand,” page 146.)

Catholic Community Services

For 87 years Catholic Community Services (CCS) has provided critical human services to thousands of children, families, and adults in Western Washington regardless of race, creed, or income. Under the umbrella of CCS King County, there are 27 programs providing a wide spectrum of services to more than 25,000 people annually. The Positive Directions Recovery Center is located in the South King County Family Center and at the Randolph Carter Family Center. It provides comprehensive and individualized chemical dependency and substance abuse services. Intensive Outpatient and Outpatient Treatment Services are available for adults. The program is state-certified and utilizes the American Society of Addiction Medicine and the Diagnostic & Statistical Manual IV-TR of the American Psychiatric Association.

The program at Catholic community services was the best thing that ever happened to me. Its because of C.C.S. that I'm sober today. They helped me get through my early recovery by offering some of the best aid I've ever seen. If it weren't for government assisted programs, I wouldn't have been able to afford the treatment that I need. Because of the unfortunate decisions that I've made in my life, I've been unable to obtain any solid work. Now I have stability in my life.

I dont know who this letter is going to reach, but there are a few points I must make regardless. One counselor in particular has touched my life. That person is Robert Sharer. He is being laid off because of budget cuts. It pains me to think of future suffering alcoholics who will be unable to recieve the same excellent services that I have. Even though I only have a few months left of my treatment, I still care about everyone who truely seeks a sober life. This program worked for me and I wish with all my heart for the assistance I recieved to not discontinue.

"It got so bad. I hung around addicts all the time. People would steal from me, then I'd be stuck again. I panhandled. I prostituted – I had regular customers. I was sleeping in a car wash overnight."

She struggled with being high and being in withdrawal. "There were days I was too sick to get out of bed, in pain, too weak to do anything about it. I was using heroin five years before I sought treatment," Jodie said, "because I didn't have money. I was having a hard time thinking. I had reached bottom."

Jodie was helped by a downtown shelter worker who referred her to a community mental health agency and an opiate substitution program. Today, she is stable on mental health medications at one agency, while using prescribed methadone at Evergreen Treatment Services, managing well with the help of both agencies. She has been free of illicit substances for two years now.

What would she say to someone struggling with opiate addiction?

"I'd recommend they try something to get out of that way of living. Methadone is much better than keeping illicit drugs around. I like being in the program – it keeps people from doing illegal things. With the right tools and skills, I think I can have a normal life."

Today, she has her own apartment, is in a job-training program, and has had tryouts in warehouse and retail work. She now is considering working with animals and pets.

"I have more hope for the future," she said.

"There were days I was too sick to get out of bed, in pain, too weak to do anything about it . . . I was having a hard time thinking. I had reached bottom."



Evergreen Treatment Services

Evergreen Treatment Services (ETS), a non-profit agency, has been providing medication-assisted treatment services since 1973 with clinic locations in Seattle and Olympia. In 1996 it added the REACH Program which provides intensive case management services to homeless addicts in Seattle and King County.

ETS specializes in the delivery of outpatient medication-assisted treatment services to opioid-dependent adults. It is the goal of this agency to offer treatment services adjusted to individual needs, recognizing the interplay of biological, emotional/behavioral, and social factors in the development of opioid addiction. ETS employs a multi-disciplinary staff to provide treatment services that have been demonstrated by empirical evidence and clinical experience to be effective in the treatment of addiction. Services are funded in large part through contracts with King, Thurston, and Grays Harbor Counties and in Seattle through city and county funds. Ninety percent of patients are indigent and rely on public funding for their treatment services. In 2009 Evergreen Treatment Services reached 1,850 individuals, about 1,500 on a daily basis.

Client Success Stories

“Jodie”: Two years of stability, hope for the future

If you met “Jodie” (not her real name), you wouldn’t think she had been through such painful experiences. She looks you straight in the eye, speaks in soft, measured tones, and it’s clear that she values honesty and stability in her life.

Jodie was introduced to marijuana and then other drugs by older siblings when she was 16 years old. Over the years, her drug use escalated, while she also experienced growing mental health symptoms. “I was hearing voices; I was confused about who I was, and I thought people were out to get me,” she said.

A family crisis led her to use heroin, she said, “because I didn’t feel good. I didn’t feel right.” Heroin provided numbing for her emotional pain and diminished some of her mental health symptoms, she said. But she quickly became addicted. Now she had an addiction on top of mental health problems.

I have been in treatment at Catholic Community Services since June, 2009. I am in treatment for marijuana use. This program has helped me in many ways. I would use all the time as much as I could and would not worry about anything else. This program has helped me to become a great mother. Instead of wanting to smoke I would rather take care of my daughter. I enjoy going to work sober, I enjoy spending time with my friends sober, I can watch my daughter grow up sober. This program has made me realize that life is too short and a sober life is so much more meaningful than a non-sober life. My family is proud of me for turning my life around for the better. The counselors at Catholic Community Services have made me realize that I am not a bad person for having this disease and with treatment and positive people around me I can overcome this period in my life. Most treatment places charge so much money to better ourselves and our lives, but Catholic Community Services makes it possible for low-income people like myself to get the treatment I need to get better. Catholic Community Services has great counselors and a great program here; it would be a shame to see it go.

Thank you,

“The gem cannot be polished without friction, nor man perfected without trials.” — Chinese proverb

Sound Mental Health, Access to Recovery

Sound Mental Health (SMH) is a private non-profit organization that has provided comprehensive mental health services to this region since 1966. SMH offers treatment to individuals and families for mental health and chemical dependency issues. SMH is JCAHO accredited, a licensed mental health and certified chemical dependency agency. Originating in Seattle’s Capitol Hill neighborhood, SMH has expanded to deliver services in a broad range of community settings throughout King County with satellite offices in Central, North, East and South King County.

Client Success Story

“Brent” was really struggling and was out of money. He is diagnosed with major depressive disorder, substance dependence, and PTSD. His glasses had broken and he could hardly see. The weather is turning and his housing places him in a vulnerable area of the city. He knows where to use and how to use.

He was feeling hopeless and we called Access to Recovery (ATR) together. They provided him with two vouchers to Bartell’s and Fred Meyers! He was able to get groceries and toiletries – namely laundry detergent. He was thrilled. ATR also gave him an eye doctor appointment which he made yesterday. I spoke with him today and he is feeling upbeat and can’t wait to get his glasses, “They are going to provide me with glasses where the lenses tint based on sunlight. I don’t know, I think that’s pretty cool. I mean, they didn’t have to do that.”

This client is trying very hard, is using nicotine patches to quit smoking, and wants to be successful. The help along the way is critical to his success. Going into the holidays, he is empowered and feels very supported! THANK YOU!

Now God is my Counselor. He has transformed me.

While at the Mission, I decided to work on my mental health issues and began counseling with Valley Cities Counseling. I worked with my counselor for 18 months during that time. After graduating from the program, I moved into my own apartment and started college to become a chemical dependency counselor (CDP). I wanted to become a productive member of society and give back to the community and possibly instill hope, experience and strength to others.

Through both my time at the UGM and my continuing work with Valley Cities Counseling, I am beginning to know who I am. I am building confidence and self-esteem and am gaining trust in myself and others. I hold a work-study position at a local college and I am also interning at a local help line to give back to the community and train for my future as a CDP. My counselor at Valley Cities continues to work with me on a regular basis. These two programs have taught me to forgive myself and others, helping me to bury my losses and say goodbye to my addiction, thus giving me a sense of direction and purpose in life. I know about codependency and have healthy boundaries. I love myself again. I am learning to live for today and not in the past, attaining coping skills and healthy responses to stressful situations through conflict resolution. I attend church and 12-Step meetings on a weekly basis, and my Christian sisters and the UGM staff continue to walk beside me every day of my life.

I graduate from college in three months and will continue with my education to get a bachelors degree in social work so I can work with victims of crime and possibly with those in jail and prison.

I graduate from college in three months and will continue with my education to get a bachelors degree in social work so I can work with victims of crime and possibly with those in jail and prison. This is all possible through my counseling with Valley Cities and my relationship with God. I am learning to cope with my depression and anxiety as well as deal with my trust and relationship issues. Both of my counselors guide me in the right direction by helping me overcome these issues. I have a second chance. The result is that I’ve reestablished my relationship with my family and regained their respect. I have now been clean and sober five years. I have a firm foundation in my life and a bright future and it provides hope and restoration, as well as opportunity!

Valley Cities Counseling and Consultation, Union Gospel Mission

Valley Cities Counseling and Consultation; serving South King County since 1965. Contributing to healthy communities and quality of life in South King County through the development, promotion, and delivery of exemplary behavioral healthcare services and related human services.

Client Success Story: Patsy Murphy



My name is Patsy. I am 47 years old and I am a recovering alcoholic/addict who suffers from depression and anxiety. Up until one tragic day, I was a productive member of society with a career as an administrative assistant. I had a close relationship with my family, an apartment to live in, and respect for myself. At the age of twenty-eight, during a domestic dispute with my live-in boyfriend, my apartment manager came to our apartment and murdered him right in front of me, by shooting him seven times.

Eventually, the guilt and depression led me to a life of crime and drugs. I felt alone because my boyfriend's family blamed me for the death. Mine disowned me because they assumed it was drug related. Losing hope and any desire to live, I tried to commit suicide but instead botched it and ended up in the mental ward of a hospital. I was so alone and broken that I became desperate. I quit my job six months later, started to drink and discovered methamphetamine, realizing it helped to numb the pain. Two years later I was arrested for selling drugs and completed a 16 month prison sentence.

After being released I started using drugs again and began gambling. I spent every penny I had. I finally became homeless. I had more life experiences than I could ever want or fathom, with abuse, drugs, and homelessness. After 17 years of addiction and destruction, I landed myself a 74 prison sentence for money crimes and drugs. I became a menace to society.

At the age of forty-five, I was released from prison to Seattle's Union Gospel Mission (UGM). It is a Christian-based recovery and domestic violence program. This program, and everything it entails, was my second chance at life! It inspired me, instilled hope and motivation, restored my faith in the future and changed my life tremendously. I let God into my heart and learned how to let his word guide me on a daily basis.

Sound Mental Health, Project START

My Life As A patient At
Seattle Sound Mental Health

I arrived approximately OCT 13, 2008.

And if words could share the LOVE & Concern
of Project Start has done for me I'd literally write
A Book.

This program, the people; clients & staff
alike give me reason to have joy. Before I'd
try so many ways to be complete only to fail;
my improvement, thinking, Love for others & myself
is A direct link from the process of Counselor's,
Staff, Manustration & Case-workers. they have become
pillars in my life (Friends) I never had &
when I make decisions & choices there words
their looks; their presence involves my life. TAKE
Love, Care, Help true hearts away from me,
I am at High Risk not to fit in Society
let alone sabotage my life, I have Hope today
and I'm not alone. D.D.W.

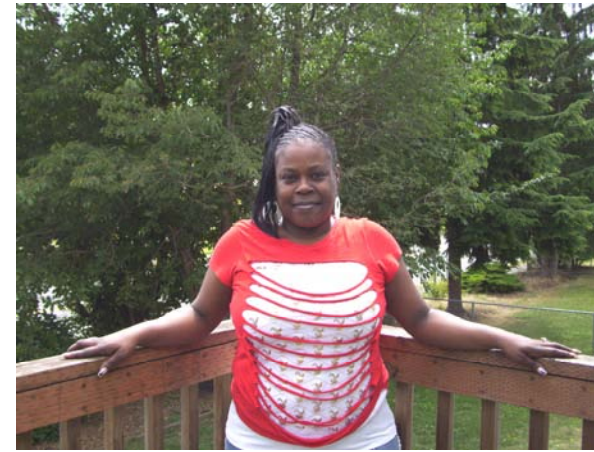
Sound Mental Health, Project START

Project Start has taken an enormous amount of stress off me as I start again. I am actually almost 10 months into a successful probation. I haven't made it this long before, I went from jail to a treatment center. Project Start staff picked me up from there and took me directly to my housing. I had spent the last two years being homeless—including both winters outside. Lots of agencies have counseling and shelters and I find shelters very problematic. I just won't go to them anymore. But the housing provided by Project Start and other services and compassion their staff provide changes the entire recovery climate.

To Whom It May Concern,

This program have saved my life,
Before I had no life or no reason to live
Today is different cause PROJECT START have showed
me ways of living & wanting to live,
without this program I'm done,

Valley Cities Counseling and Consultation: Bridgette Jones' Success



I was in Hell and never want to go back. I have been surrounded by drugs and violence all of my life. I had to leave my family and become homeless to keep myself and my daughter away from all of the drugs and craziness, we were living in my car. We never slept well, but I made sure my daughter went to school every day. To get out of the car and take a shower, we stayed

wherever we could, shelter to shelter, or on someone's couch. A friend invited us to stay with them and then took my \$500 for rent and spent it on drugs, then kicked us out and kept all of our stuff. I was panicked, paranoid, terrified and could hardly keep it together, on the verge of a complete breakdown. Everywhere I went people were taking advantage of me because of my situation and mental illness. I thought the authorities would put me involuntary into the hospital and I would lose my daughter. I was only getting about two hours of sleep every night, my life was in chaos and I was a wreck.

Then I got connected to Valley Cities and they saved my life. Valley Cities helped me with housing. My daughter and I have been given a chance to have a stable life. Now I have counseling, supportive housing, and am on the medications I need for my bipolar. I am going back to school, learning to budget, and writing down all of my appointments; setting goals. I'm even exercising! My daughter is doing better in school. We have a future now, thanks to Valley Cities.

Programs:

Pathways Home (focused on the needs of children impacted by homelessness, helping stabilize family members and access the resources they need), Clinical and Case Management services, Transitional Housing and Rent Assistance (THOR), Wraparound service (building a network of support with Peer Support Specialists and other community supports), Journey To Life Wellness (a program to build on personal strengths and manage your own recovery), Dialectical behavioral therapy group (an evidenced-based therapeutic methodology).

Intercept in Federal Way

Intercept in Federal Way is dedicated to providing alcohol and other drug treatment services to low income individuals of all ages. Intercept has been providing services to clients for 25 years in South King County.

Client Success Story

At age 19, Mr. A. a young hispanic man, was in trouble for a DUI. He already had three other alcohol/drug-related charges. His use of marijuana and alcohol had begun when he was 13. He hadn’t completed high school, and he had no job or job skills. Clearly, he needed alcohol and drug treatment. He began paying for treatment out of his own pocket, but he was really struggling with the payments and he was having some difficulty staying abstinent. He was not attending AA as required. He did not make the connection between addiction, feelings, and coping skills. He was incarcerated due to continued use of cocaine, marijuana, and methamphetamine.

After completing his jail time, he wanted to re-enter treatment but had no job and no money. He admitted that alcohol and drugs were really messing up his life. He said, “the treatment helped me to understand the damage that was happening to my brain, my body, family life, and social life due to his alcohol and drug use.” He found a part-time job which paid him enough money to survive. He was able to qualify for low-income funding.



He would not have been able to return and complete treatment without this funding. As he says, “the program helped me to get my life together and now I’m ready go back to school. I am thankful to be able to stay in the program and progress in it.”

Three More Stories from Project START:

My name is C.S. I have problems with stealing things. I’ve had this addiction from childhood, into adulthood. It’s always been a comfort because I grew up poor and hungry. In 2005, I was sent to Purdy for ten months for stealing. I said, That’s it! This is a sickness like crack or alcohol. So I made an appointment to speak with a counselor in 2007. I was receiving treatment, one-on-one with K.D. It really changed my life and thinking pattern. I’m currently in the START program, learning other healthy ways to enjoy life, like my 13- year-old daughter. Now I can appreciate the real reason I’m alive: to give to others and live life.

Thank you, SMH.



This group with Sound Mental Health on Tuesdays and Fridays has helped me very much. With my sobriety, my recovery, and with housing. Also, they’ve helped me with my medications. I really like this group. I get a lot out of it, and also the people here, staff included, are very nice people who have helped me in many different ways, both mentally and emotionally. I would like to see this group stick around and continue to be helping, and the others as well.

How Project START has helped me!:

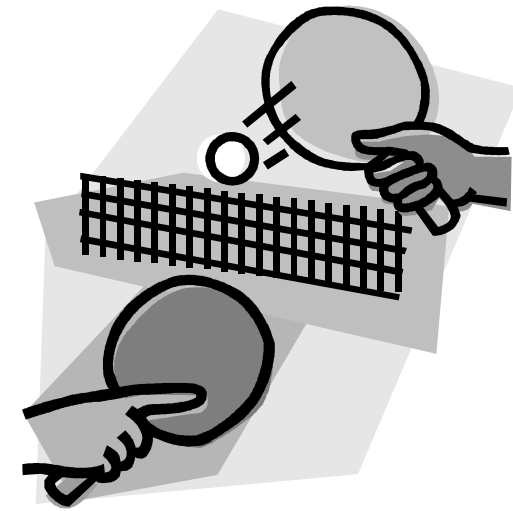
It has many benefits to my health, my mentality, and my day-to-day life. One benefit is the fact that I am in a clean and safe environment that has allowed me to stay sober for almost six months and also has given me a second chance at reclaiming my old self and good ways. My life is more structured and will be free from addiction and strife from the use of drugs and the authorities! It has allowed me to be me and meet new friends along the way. It has kept me accountable and on the right path.



Sound Mental Health, Project START

Project start has been an extremely helpful to me. In fact, I would be in serious trouble without it. In the past, I worked, supported myself and my family and paid my taxes. Due to mental health problems, I took a major downturn and became homeless, drug addicted and desperate. The services offered to me today, through START, have given me the stability to turn my life around. I receive counseling for mental health and substance abuse as well as assistance with housing. I would not be where I am today without this help. I am grateful and pray that services such as this continue to be there in the future for those who need it. cc

basis, she is hoping that someday NJ will be well enough to work and provide for a family. SMH will continue to coordinate NJ's mental health services such as: therapies, groups, and medication monitoring.



NJ was diagnosed with Schizophrenia, Anxiety and Obsessive compulsion in 2007 when he refused to eat food or drink fluids, expressing they were poison. . .[Now] NJ has been living independently in his own apartment since February 2009 with staff support from PSRS. Since then he has been eating well, he is developing friendships and relationships. He is involved in the deaf community that makes him feel welcome.

Puget Sound Residential Services

Client success story: NJ

NJ is fun, enthusiastic, active, and a caring young man. He is close with his mother who visits him often and every so often NJ will go visit his brother and his uncle. NJ loves to play video games, board games, ping-pong, play on his computer, work out and watch TV. He is starting to learn how to cook for himself.

NJ was born in 1988 in Mogadishu, Somalia. Civil war broke out soon afterwards, NJ, his mother, and brother fled the city as soldiers made their way through the streets, killing people. NJ, his family and their neighbors fled their neighborhood abandoning their homes and all their belongings. NJ and his family settled in a refugee camp in Kenya in 1990 when NJ was two years old. 2-3 months after arriving in the refugee camp in Somalia NJ contracted Malaria and suffered permanent hearing loss in both ears. He had a total of three Malaria infections while living in Kenya.

NJ has never heard the English language, his memory of hearing or remembering his native Somali language is unknown.

NJ was diagnosed with Schizophrenia, Anxiety and Obsessive compulsion in 2007 when he refused to eat food or drink fluids expressing they were poison he was then admitted to Harborview hospital. He was admitted to the hospital on several occasions with continued delusions, confusion, anorexia and an inability to develop a basic plan of self care. He was moved from one wing to another for psychological observation due to disruptive behaviors his medications were adjusted he attended group sessions and given positive reinforcement by hospital staff. When he was calm, focused, and organized the doctors felt he was doing better he was then released from the hospital back into his mother's care.

The Program

During NJs last stay at Harborview hospital he wanted to move out on his own after he was released from the hospital. NJ's case manager from Sound Mental Health (SMH) contacted Puget Sound Regional Services (PSRS) to see if they could support NJ. PSRS is an "Intensive Tenant Support Program" for adults diagnosed with developmental disabilities and mental health diagnoses. PSRS supports participants to live independent lives by integrating them into their communities as well as supporting participants to seek employment along with safe and affordable housing. NJ wants to get a job some day and wants to go to college. In the near future NJ wants to start seeking employment somewhere. NJ has been living independently in his own apartment since February 2009 with staff support from PSRS. Since then he has been eating well, he is developing friendships and relationships. He is involved in the deaf community that makes him feel welcome it has been a positive.

Although NJ is the primary client NJs mother has been very involved in getting NJ treatment. SMH and PSRS will be interfacing closely with NJ's mother on a regular

Project START and Offender Services have been very helpful to me by giving me structure. My case manager and the counselors that work here have helped me deal with my disorder and everyday problems that I would normally not know how to deal with. The project START groups have been a blessing because we all have something in common and we are able to help each other. I can't imagine life without the help that I have received from project START.



I have been in Project START since I first started my road to recovery. They gave me shelter, medication, and therapy. I had been living on and off the streets using heroin to cope with my depression. They helped me find a balance in life, getting me off my feet and giving me tools to use in my daily life to cope with stress. I have never had a place to go to that I know would not turn me away.

For someone getting off the streets or out of jail, this is an awesome program. I don't believe I would have stopped using if project start hadn't given me that opportunity to grow and have some stability.

THANK YOU FOR YOUR TIME and please understand this program saves lives. S.D.



Sound Mental Health, Project START

The START Program has helped me enormously both physically and mentally. It has provided me a fresh start when I felt there were few options outside of those in the darkest of my mind. They have helped enormously with housing and other services to get my feet firmly planted on the ground and optimistic again about the future ahead. The case managers/counselors have been tremendous in their help and lending a helping hand from the heart. I feel that START ~~program~~ is an excellent program and our community would suffer greatly if it were downsized or terminated. Every individual I have met in this program has benefited greatly and I am sure there would ~~not~~ be many more drug abusers and criminals wandering the streets today without PROJECT START; leading to much higher costs ^{both} to taxpayers ~~and~~ and socially ~~costs as well as the~~ ~~disturbance~~ in the long run.

THANKS, PLEASE LEAVE START HERE
FOR US!

a deaf person to integrate into the community. He loves living independently on his own, in his own apartment. He feels PSRS is a good program for social activities, like going to a park, a yearly picnic, a holiday party, Halloween part, etc.. He now has job support from the Division of Vocational Rehabilitation services. He has been working for Madison Park Greeting doing a three-week job training. He was successful and passed the job training.



Puget Sound Residential Services

Puget Sound Residential Services (PSRS) is an intensive tenant support program located in Renton, which serves 39 clients in the Puget Sound Region.

Client Success Story

BC is a 24-year-old man who is well groomed, likes video games, basketball, swimming, watching movies, going to the library, working on his computer, and playing chess and other board games. B.C. Is funny, especially when telling stories.



B.C. was born at 36 weeks gestation, three to four weeks prior to his due date. B.C. 's post-natal course was significant for lung and liver failure, and he required a lengthy ICU stay with oxygen respirator. He was diagnosed with a severe to profound hearing loss at two months old; at three months, he was diagnosed with failure to thrive at the time of his adoption. B.C.'s first year of life was difficult due to his many health issues.

B.C. had temper tantrums which were constantly a problem while he was growing up, and he had a poor ability to sooth or calm himself. He had behaviors at school that were managed; he did relatively well in the classroom and he liked school. He moved around with his adoptive family due to his father's military career. At age 9.5 years , he was diagnosed with the following: Tourette's syndrome, Attention Deficit Hyperactivity Disorder, and unspecified developmental delays.

B.C. was in an Adult family home in Renton, and when he left the home he became homeless. He was very frustrated trying to find a safe home for himself. His mental illness was worse than ever because he was using alcohol and smoking marijuana. He was admitted to Harborview at 23 years old after he was found lying on the monorail tracks four stories up; he indicated that he wanted to be hit by the monorail, and he was then taken to Harborview Hospital for psychiatric evaluation and medical clearance. He said that he was hearing voices telling him what to do. He was pretty much non-participatory, although he did move towards his case manager in a threatening manner. He was moved to NAVOS where he lived from December 2008 to July 2009.

Puget Sound Residential Services (PSRS) was contacted by B.C.'s case manager at Seattle Mental Health to see if PSRS could support B.C. Since B.C.'s move into PSRS's supported living program, he has been happy and feels at peace; it is a good place for

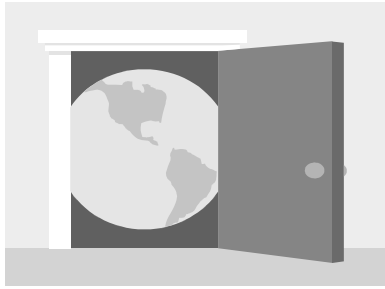
Please preserve funding for the START program. I am a recovering addict and this program has helped me a lot. The case managers have helped me to have reason to stay clean. The group experience at the START program is very good. As addicts who meet twice a week, we share our experiences and hope. Without this program, I would have been in jail which is counter productive. Now I have graduated from the START program and have learned tools to help me become a productive member of society. I continue to receive support to help with employment and housing. I learn something new about recovery and a new way of life each time I come here. I truly hope this program can keep going. B.D.S.



This program has given me a whole new outlook and perspective on life, reality, and mental illness. By the Grace of God and the START program, I am finally understanding my mental illness and drug addiction. I am provided with medication and personalized counseling and groups that are really helpful and informative. Understanding and accepting is like the first of being able to heal from the inside out. Without this program my life would not be worth living, like it was before I was accepted into this program. Today my life is structured and I am just so grateful to be able to be a participant in this program. I'm healing, I'm living, I'm learning, I'm understanding, I'm sober, and I'm so eternally grateful.

Thank you Project START.

Sound Mental Health, Project START



I am a client in project start and would like people to know that without this program I don't believe I would be clean + sober and working on my mental health. I suffer from severe PTSD and I am in recovery for a drug addiction. This program has shown me how to be a productive member in society living and learning how to deal with my mental illness & my addiction. This is the first program I have been in that made it easy enough for me to work on both of my issues. I am ~~enjoying~~ living a quality of life I never used to live.

This program has given me a whole new outlook and perspective on life, reality, and mental illness.

By the Grace of God and the Start program I am finally understanding my mental illness and drug addiction. I am provided with medication and personalized counseling and groups that are really helpful and informative.

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WB